DOCUMENT RESUME

ED 277 174 EC 191 379

AUTHOR Schultz, Jerelyn B., Ed.; And Others
TITLE Sexuality and the Adolescent: A Teaching Guide. Contemporary Parenting Choices. Module 2.
INSTITUTION Iowa State Dept. of Public Instruction, Des Moines. Div. of Career Education.; Iowa State Univ. of Science and Technology, Ames. Dept. of Home Economics Education.
REPORT NO ISBN-0-8139-1815-5
PUB DATE 81
NOTE 270p.; For the other guides in this series, see EC 191 378-393.
AVAILABLE FROM Iowa State University Press, 2121 South State Ave., Ames, IA 50010 ($14.45).
PUB TYPE Guides - Classroom Use - Guides (For Teachers) (052)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Adolescents; Curriculum Guides; *Decision Making; Developmental Stages; Family Influence; High Schools; Home Economics; *Interpersonal Relationship; Learning Activities; *Parenthood Education; Peer Influence; Pregnancy; *Self Concept; *Sex Education; *Sexuality

ABSTRACT

The second part of a parenthood education curriculum series intended for use in high school home economics classrooms, this second module focuses on sexuality and the adolescent with three major competencies as goals: (1) ability to describe how teenagers' concept of self is affected by growth and development in adolescence; (2) ability to explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behavior during adolescence; and (3) the ability to describe the stages of pregnancy and the decisions to be addressed in each stage. Presented for each major competency, in a double page, four-column format, are supporting subcompetencies, generalizations, learning activities, and suggested resources. Subcompetencies include: values and the emerging self, developmental tasks of teenagers, social development, sex role socialization, intimacy, principles of human communication, family and peer influence on sexual values and behaviors, sexual behavior choices, responsibilities of a mature sexual relationship, meaning of conception, common signs of pregnancy, choices during pregnancy, and childbirth. Some activities are identified as possibly sensitive and requiring evaluation of class and community before use. Appended are various handouts and assignments. A bibliography lists print and nonprint resources. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

CONTEMPORARY PARENTING CHOICES **MODULE 2**

Sexuality and the Adolescent

A TEACHING GUIDE

EDITED BY **JERELYN B. SCHULTZ**

WITH **PENNY RALSTON, BARBARA ROUGVIE, MARGARET TORRIE,**
AND **JILLIAN BOYD**

THE IOWA STATE UNIVERSITY PRESS / AMES

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

Hugh M Schultz

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC191379

BEST COPY AVAILABLE

© 1981 The Iowa State University Press
All rights reserved

Printed by
The Iowa State University Press
Ames, Iowa 50010

No part of this book may be reproduced in any form, by photostat, microfilm, xerography, or any other means, or incorporated into any i information retrieval system, electronic or mechanical, without the written permission of the copyright owner.

First edition, 1981

International Standard Book Number: 0-8138-1616-5
Library of Congress Catalog Card Number: 81-83538

ACKNOWLEDGEMENTS

The teaching guide on Sexuality and the Adolescent resulted because home economics educators at various levels recognized the need to help adolescents make decisions about their sexual behavior, attitudes, and values. They contributed resources so that educational materials could be developed that would assist adolescents in understanding their sexual feelings, communicating with parents and others about sexuality, and making responsible decisions regarding their sexual behavior.

The Career Education Division of the Iowa Department of Public Instruction and the Home Economics Education Department at Iowa State University provided financial and administrative support for the effort. Appreciation is expressed to Gladys Grabe and Lenola Allen from the Iowa Department of Public Instruction for their support. Special thanks to Dr. Ruth P. Hughes, Head of the Home Economics Education Department, for her encouragement through the allocation of responsibilities and resources to facilitate the efforts that resulted in the present form of the guide.

Appreciation is expressed to the individuals who served as members of the Parent Education Task Force: Elizabeth Alden from the University of Iowa; Donald Carver from the Inter City Cooperative Parish of Des Moines; Monica Eischen from the Iowa Department of Health; Barbara Parrish from the University of Northern Iowa; Bette Samuels from the Des Moines Area Community College; Shean Sherzan from the Iowa Council for Children and Families; Suzanne Sievers from Jefferson High School; Esther Walter from Planned Parenthood of Mid-Iowa; Gretchen Woeste from the Des Moines Independent Community School District; and David Wright from the Iowa Department of Public Instruction. Their advice throughout the course of the effort was valued highly.

Nine Iowa home economics teachers deserve special recognition. Their participation in curriculum development workshops resulted in the working draft of the curricular materials. They are Elizabeth Cook of Des Moines, Nancy Gesy of Davenport, Brenda Hoffman of Waterloo, Kay Jensen of Knoxville, Marsha Molis of Davenport, Carol Richards of Belmond, Bonnie Rohlena of Van Horne, Linda Ronduen of Des Moines, and Sally Van Wert of Hampton. Their contributions were vital to the success of the project.

Faculty at Iowa State University also were generous with their time and talent. Hester E. Fassel served as a subject-matter consultant during the development of the materials. Appreciation also is expressed to other Home Economics Education faculty for their interest, encouragement, and professional expertise.

The last group to be cited for their cooperation are the Iowa home economics teachers who reviewed the materials and field tested some of the activities in their classes. They are Joyce Cheine and Shirley Kellogg of Guttenburg, Loween Clayburg and Lisa Tapper of Webster City, DeAnne Delong of Mason City, Ann Hutcheson and Doris Plath of Boone, Mary Ann Jackson and Jan Welch of Cedar Rapids, Sandi Kristensen and Debra Pepper of Audubon, Debbie Lease of Grinnell, and Betty Yungschlager of Griswold.

CONTENTS

	Page
Introduction	1
Definitions	4
Module Organization	5
Major Competency A The student can describe how teenagers' concept of self is affected by growth and development in adolescence.	7
Subcompetencies:	
Meaning of self	8
Values and emerging self	18
Self and coping with change	22
Developmental tasks of teenagers	24
Physical growth and development	34
Emotional/psychological, intellectual and psychomotor development	50
Social development	56
Sex role socialization	64
Intimacy in human relationships	68
Major Competency B	75
The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behavior during adolescence.	
Subcompetencies:	
Communication--a tool in relationships	76
Principles of human communication	78

Ineffective communication and conflict 84

Family communication patterns 88

Family influence on sexual values and behaviors 92

Peer influence on sexual values and behaviors 100

Sexual behavior choices 108

Mature sexual relationships 118

Responsibilities of a mature sexual relationship 120

Major Competency C
The student can describe the stages of pregnancy and the decisions to be addressed in each. 133

Subcompetencies:

Meaning of conception 134

Common signs of pregnancy 142

Prenatal development 144

Choices during pregnancy 146

Health of expectant parent(s) and fetus(es) 154

Childbirth preparations 170

Childbirth 174

Appendix A 183

Appendix B 213

Appendix C 221

Bibliography 252

Resources 258

INTRODUCTION

Adolescence is a distinct and complex phase in an individual's transition from childhood to adulthood. In twentieth century culture, young people between the approximate ages of thirteen and nineteen are expected simultaneously to make a mature sexual adjustment, to achieve some independence from family, to chose and prepare for a vocation, to establish cooperative relationships with peers, and to progress toward a sense of personal identity.

Adolescents are confronted with the need to make major decisions about their own sexual behavior, attitudes and values. These decisions can affect the course of their lives and are often made under conflicting social pressures. It is not easy for them to determine which sexual feelings and ideas are their own, and which are derived from parental expectation, peer pressure, or mass media. Some adolescents are further confused by a paradoxical societal attitude toward sexual behavior during adolescence. On the one hand, these young people are inundated with sexually suggestive advertising and entertainment, and may have parents who push early dating. On the other hand, they encounter adults who demand a "do as I say, not as I do" type of obedience.

Adolescents need assistance if they are to understand their sexuality and realize their potential as whole human beings. Sexuality is the integration of physical, emotional, intellectual, and social aspects of an individual, which expresses maleness or femaleness (Who Cares?, 1979). It is a pervasive component of an individual's personality, and not limited to sexual behavior. Each individual's whole being is a unique sexual expression, a product of life's experiences from birth. Self-understanding, therefore, is important in the adolescent's transition to adulthood.

In the past it has been assumed that parents were the primary sexuality educators of their children. Today there is societal concern that many parents have been ineffective in this role. The primary source of sexuality education for most adolescents is their peers, and the same was true for many of their parents. Much of the sexual knowledge adolescents derive from peers is misinformation. The increasing incidence of unplanned pregnancy, abortion, and some sexually transmitted diseases among adolescents reflects this misinformation and a general lack of understanding about human sexuality.

Education in human sexuality is a constructive attempt to assist individuals in making personally satisfying and responsible decisions about their sexuality. There exists general parental and church support for the contribution schools can make in providing sexuality education. Sexuality education may be offered as a separate course or integrated into existing courses. In some instances, team teaching may enhance the effectiveness of sexuality education.

Adolescents have the right to factual, objective information about sexuality. They also need opportunities to ask questions, explore feelings, and discuss concerns about emerging adult sexual identity. The suggested learning experiences in this module focus on adolescent sexuality. Nevertheless, the importance of an ongoing sexuality education from an early age, rather than one offered only at puberty, is recognized.

Both sex education and sexuality education are terms describing human physiology related to sexual function and reproduction. The latter also addresses feelings, values, experiences, relationships and how an individual sees him/herself as a male or female. This module, Sexuality and the Adolescent, reflects the wider interpretation of sexuality. Individual decision making about sexuality within the context of parenthood education is emphasized.

This module is the second in a three part curriculum titled Contemporary Parenting Choices. The major topics addressed in the curriculum are:

The Decision to Parent
Sexuality and the Adolescent
Caring for Children in Today's Society

These topics were selected after the parenting needs of Iowa secondary students were assessed in 1978 using a 50-item Parenting Information Inventory. Students expressed the greatest need for information on planning and decision making, adolescent social development, and parenting and child care. They also indicated a need for information on teenage pregnancy, sex education, love and marriage, basic nutrition, current societal trends in family life, and special responsibilities of teenagers.

Home economics teachers participated in the development and field testing of the module's learning activities. The activities are designed to provide students with opportunities to explore the concept they have of themselves, the influence others have on their sexual attitudes and behaviors, and the stages of pregnancy and decisions to be addressed during each. The knowledge, attitudes and skills developed through participation in the activities are important not only in students' immediate lives, but also if and when they become parents.

It is assumed that teachers will use portions of the module as a basis for planning courses or units of study appropriate to the needs of their particular students. Sexuality is a potentially sensitive area of learning. In order to promote a comfortable environment for students to ask questions, it is suggested that teachers have a question box in the classroom. A few minutes per class meeting should be allocated to addressing the concerns expressed by students in the question box. It is essential that teachers give parents an opportunity to react to the proposed program.

Some of the module's learning activities, including all of major competency C (decision making during pregnancy), have been keyed with the symbol ● to alert teachers to the need for careful evaluation of their class and community before using. Other learning activities without the "sensitive" symbol may be inappropriate for direct use in particular school settings, but could be adapted to meet individual situations. It is recommended that teachers preview audiovisual media prior to use in the classroom. It may be necessary to obtain written parental permission before presentation of specific audiovisual media to students.

As a result of participating in the learning activities and in the developing of the associated generalizations, students should be able to exhibit the behaviors stated in the subcompetencies. Thus, it is hoped they will be better able to understand and communicate their sexual feelings and to make responsible decisions regarding their sexual behavior. These decisions have a direct bearing on if and when they become parents, as well as on their ability to assume the roles and responsibilities of parenthood.

60

09

DEFINITIONS

MAJOR COMPETENCY: The knowledge, skills, and judgments the learners will demonstrate at the end of the instructional program. In essence, major competencies are program goals.

SUBCOMPETENCY: The type of behavior the learner is expected to exhibit as a result of participating in the learning activities and developing generalizations.

GENERALIZATION: Statements that express an underlying truth, have an element of universality, and usually indicate relationships between concepts.

LEARNING ACTIVITIES: Opportunities provided for the learners to interact with the content under consideration. The two components of a learning activity are content and teaching technique.

RESOURCES: All instructional materials, print and nonprint, needed to carry out suggested learning activities.

MODULE ORGANIZATION

Resources contained in this module are directed toward the development of three major competencies:

> The student can describe how teenagers' concept of self is affected by growth and development in adolescence.
>
> and
>
> The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.
>
> and
>
> The student can describe the stages of pregnancy and the decisions to be addressed in each.

It is recommended that the competencies be presented in the order stated above to provide for continuity and for expansion of concept development.

Included for each major competency are supporting subcompetencies, generalizations, learning activities, and resources for the students and teacher. The module is organized into three sections: the teaching/learning component, the appendices, and the bibliography.

A double page, four column format is used for the teacher/learning component. Columns are read from left to right and are labeled subcompetencies, possible generalizations, learning activities, and resources. The major competency being developed is stated across the top of the page on the left. A small placed in the left hand margin indicates a new subcompetency is being introduced.

Individual learning activities listed in the third column are numbered. The first number at the left of each learning activity identifies the generalization to which it corresponds. Following the decimal point is the number of the learning activity associated with the generalization. For example, 2.3 written before a learning activity indicates that it is the third activity developed for generalization two. When two numbers separated by a dash (1.1-5.1) are found to the left of a learning activity, the learning activity will contribute to all generalizations one through five.

In some instances a small symbol appears in the margin at the left of a learning activity. The four symbols used and the significance of each are:

□ - the activity may be suitable for an FHA project.

■ - the activity may be appropriate for a mainstreamed class.

○ - the activity may be adaptable for junior high.

● - the activity may involve sensitive areas. Evaluate class and community carefully before using.

A variety of learning activities and resources are suggested so that a teacher may select those most applicable to the needs of his/her specific students and the community in which she/he teaches. The learning activities are stated in terms of what the teacher will do, and they suggest both content and teaching technique.

Many of the learning activities suggested in this module require the teacher to use probing techniques in questioning students. Five illustrations of probing techniques include:

1. Asking students for more information and/or more meaning.
2. Requiring the students to rationally justify responses.
3. Refocusing student or class attention on a related issue.
4. Prompting the student or giving hints.
5. Bringing other students into the discussion by asking them to respond to the first student's answer.

Sexuality education will be more effective if teachers evoke mental reactions from pupils by frequently using probing techniques.

Although no specific evaluation instruments have been included in the module, many of the learning activities are adaptable for evaluation purposes. For example, the Physical Structures Word Scramble, A-13, or Drugs, Alcohol and Sex, B-3, could be used to evaluate student learning of the respective subcompetencies. Development of evaluation techniques should be guided by the behavior level and the content stated in the relevant subcompetency.

Many of the subcompetencies and associated learning activities are in the affective domain. Evaluating affective learning outcomes requires different kinds of evaluation techniques. Activity 3.2 on page 99 provides a means for determining whether or not students value parent and child communication about sexuality. Several of the attitudinal devices in the appendices could be utilized to evaluate affective learning outcomes. Affective evaluation results, however, should not be considered in determining students' grades.

If the resources recommended are not available, others covering similar content may be substituted. Planning ahead will facilitate obtaining materials for the time they are needed. A complete listing of all references, including print and nonprint resources, is contained in the bibliography section. Complete addresses are provided for a number of firms and agencies whose materials are recommended in the text of the module.

MAJOR COMPETENCY A

The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies:	Page
The student can---	
---interpret the meaning of self.	8
---identify own values to better understand emerging self.	18
---recognize that knowledge of self is important in effectively coping with change.	22
---discuss the developmental tasks of teenagers.	24
---describe the physical growth and development related to human sexuality that occur during adolescence.	34
---describe characteristics of emotional/psychological, intellectual, and psychomotor development during adolescence.	50
---define the meaning of social development.	56
---describe how sex role socialization influences the development of self.	64
---explain intimacy as a need for human relationship.	68

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---interpret the meaning of self.	1. The three components of self include personal, social, and ideal.
	2. The concept of self grows gradually and continually as the individual participates in an ever-widening environment.

Learning Activities	Resources
1.1 Show filmstrip "Know Thyself." Lead students in a discussion of the components of self (e.g., What are the three ways of looking at self? How are the three components distinguished from one another?).	Filmstrip #2: Developing Self-Respect. Sunburst Communications.
1.2 Have each student make a personal collage on posterboard that expresses "who I am." Display collages around classroom so that students can view them before and after class. Discuss the differences among the collages as well as the diversity within each one.	Westlake, H. G. Relationships. 1972. Pp. 14-16. Sasse, C. Person to Person. 1978. Pp. 24-26.
1.3 Have students write a brief personal profile. This may include a physical description, list of skills and abilities, description of relationship with friends, family members, etc. (Make certain that students understand this information will remain private.) In addition, have students write a profile of the ideal self, the way they would like to be. Students may want to use "real" persons they admire as examples in describing the ideal self. Both essays should follow the same format. Have students compare the similarities and differences between the two profiles. Discuss the likelihood of attaining aspects of the ideal self.	
2.1 Have students complete activity sheet "How Did I See Myself as a Child? How Do I See Myself Now?" (Appendix A-1). Discuss differences between how students felt about themselves as children and how they feel about themselves now. In the discussion, have students indicate experiences or relationships that may have caused the differences in concept of self. Discuss how concept of self grows grad- (cont.)	How Did I See Myself as a Child? How Do I See Myself Now? Appendix A-1. Clapp, M. J. "Turn Back the Clock . . . Discovering What Makes Me Tick. . . ." Illinois Teacher. Vol. XXI, No. 4, 1978. Pp. 181-83.

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---interpret the meaning of self.	2. The concept of self grows gradually and continually as the individual participates in an ever-widening environment. (Cont.)
	3. Knowing, liking, and understanding oneself are essential to mental/emotional health.
	4. An individual's concept of self may have both positive and negative dimensions.

Learning Activities	Resources
ually and continually. (Students' parents might be encouraged to fill out activity sheets also.)	
3.1 Have students complete "A Checklist about Me" (Appendix A-2). Discuss: ---How was the checklist useful in helping a person to understand him/herself? ---What new things did you learn about yourself as a result of filling out the checklist? ---How does knowing and understanding yourself lead to liking yourself? ---How essential is knowing, liking, and understanding yourself to being healthy mentally and emotionally? (If mental/emotional health has not been defined previously, the teacher may want to clarify this term.)	A Checklist about Me. Appendix A-2. Harms, R. "Exploratory Self Tests." Illinois Teacher. Vol. XVII, Nov./Dec., 1973. Pp. 76-82.
4.1 Have students tear a sheet of paper into ten pieces or give out ten cards per student. Ask them to write who they are, using only one descriptive word or phrase per card. When they have written their descriptions, suggest that they arrange the cards in order of importance, ranking according to their feelings about themselves. Allow time for thought and/or discussion of the following questions: ---Are there cards you would like to discard? If so, on the card you would like to discard, write the descriptive word you would prefer to be there. ---How much would this change affect your overall image? ---Are you satisfied with the picture your cards give of you? (cont.)	Purkey, W. W. Self-concept and School Achievement. 1970. Tips and Topics in Home Economics. March 1976. Westlake, H. G. Relationships. 1972. Pp. 12-16.

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---interpret the meaning of self.	4. An individual's concept of self may have both positive and negative dimensions. (Cont.)
	5. How one feels about one's self influences one's behavior.

Learning Activities	Resources
---Are they (the cards) what you know about yourself? Discuss the importance of realizing that there are both positive and negative dimensions of self.	
5.1 Have students role play the following case situations. Jeffrey does not feel very good about himself, especially at school. He believes that his teachers dislike him, and as a result, he does not work very hard on class projects and assignments. One day, Jeffrey got back an assignment with a failing grade. How might Jeffrey act during the remainder of the class period? Lois feels very good about herself, particularly her play with the city-wide baseball team. For the last two years she has been the starting first baseman. However, since she is a senior and will soon be leaving the team, the coach has decided to give another team member the starting position. How might Lois respond to the news that she is being replaced? Following the role playing, have students discuss the following questions: ---How did Jeffrey and Lois differ in their reactions to "bad news"? ---Why was there a difference in their responses? ---How do feelings about self affect one's behavior?	Sasse, C. Person to Person. 1978. Pp. 32-34.

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---interpret the meaning of self.	5. How one feels about one's self influences one's behavior. (Cont.)
	6. Success or failure in achieving goals affects one's developing concept of self.

Learning Activities	Resources
5.2 Have students complete "A Checklist about Me" (Appendix A-2). Select items that may reflect either a positive or negative concept of self. (For example, items 24, 33, 50, 77 = positive; 1, 6, 9, 28 = negative.) Have students write a sentence for each item selected, describing the behavior exhibited or action a person might take as a result of agreeing to the statement. Example: Item — Behavior ---I get upset at home — Person might get in argument with siblings or parents at dinner and abruptly leave table. Discuss how a person's behavior is affected by feelings about self.	A Checklist about Me. Appendix A-2. Harms, R. "Exploratory Self Tests." Illinois Teacher, Vol. XVII, Nov./Dec., 1973, Pp. 76-82.
6.1 Using reference sheet "What Is a Goal?" (Appendix A-3), discuss with students what goals are and how reaching or not reaching goals may affect one's concept of self.	What Is a Goal? Appendix A-3.
6.2 Have each student make a list of short-term goals that she/he may have had six months ago. (These goals may include trying out to make the basketball team or cheerleading squad, running for an office in a club, bringing up grades, losing or gaining weight, attempting to get driver's license, etc.) For each goal, have students indicate with a star (*) those that have been reached. As a class, have students discuss goals, focusing on how they felt when goals were reached and not reached. Discuss how achieving goals can build a positive concept of self. Also, discuss ways to set realistic goals. (Do at beginning of semester; return to students at end of semester to evaluate.)	

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---interpret the meaning of self.	7. People who feel good about themselves tend to feel good about others, communicate it, and often receive a positive response.
	8. When an individual is held in high esteem by others, she/he tends to develop a positive concept of self.

Learning Activities	Resources
7.1 ☐ ■ ○ Tape record "A Fairy Tale" and play in class or have students read "A Fairy Tale" (Appendix A-4) or show film Fuzzy Tale. Divide students into buzz groups and have each group discuss how the fairy tale will end, using the questions at the end of the story as a guide. Have each group write a conclusion to the story and share with the rest of the class. Discuss the various endings to the stories, emphasizing those that indicate that feeling good about oneself leads to feeling good about others.	A Fairy Tale. Appendix A-4. Film: Fuzzy Tale. Mass Media. (Animated film adapted from Steiner's story.)
8.1 ☐ ■ ○ Lead students in playing "warm fuzzies" game. Have students sit in a circle. Place pieces of paper in a fishbowl, one for each student. Mark five of the pieces with X's, the rest with O's. Let students draw the marked papers from the fishbowl; students receiving papers marked with X's will be the special people for the day. For each special person, go around the circle, having each student make a positive statement about that person. Statements might include: ---I like Debra's sweater--it really looks good on her. ---Debra has such a lovely smile. ---Debra is a nice person--she always is so willing to help others. Once all special people have received their warm fuzzies, have them share their feelings about the activity. How did they feel about themselves as a result of receiving warm fuzzies? Discuss how individuals develop a positive concept of self when held in high esteem by others.	

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---interpret the meaning of self.	8. When an individual is held in high esteem by others, she/he tends to develop a positive concept of self. (Cont.)
---identify own values to better understand emerging self.	1. Values are beliefs and attitudes that give direction to behavior and meaning to life.*

Learning Activities	Resources
8.2 Have students keep a log of positive and negative incidents or experiences that happen to them over a 24 hour period. Incidents may include a remark or comment, and/or an action (verbal or nonverbal). Next to each log entry, have students indicate how they felt as a result of the incident. Discuss the incidents that made the students feel good about themselves. What aspects of those incidents led to the good feeling? Discuss how positive self concepts develop as a result of a person being held in high esteem by others.	
*There are several values clarification techniques that could be used to reach this generalization. See resource list for references.	Values. Appendix A-5. Raths, L. E., Harmin, M., & Simon, S. B. Values and Teaching. 1966.
1.1 Have students read values reference sheet (Appendix A-5). Discuss what values are, how they can be classified, and factors that influence their development. Assign students to watch a family-oriented TV show, or videotape a show for all to watch in class. Using the values reference sheet (Appendix A-5) as a guide, have students outline the types of values (moral, material, social, aesthetic) shown by the TV characters. Have students write a short observational essay.	Sasse, C. Person to Person. 1978. Pp. 60-79. Simon, S. B., Howe, L. W., & Kirschenbaum, H. Values Clarification. 1972. Simon, S. B., & Kirschenbaum, H. Readings in Values Clarification. 1973.
1.2 Show film "Using Values Clarification." Discuss how an individual can master the valuing process and apply it to one's own life.	Film: Using Values Clarification. Media Five. (Available Iowa Films, U50447.)

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---identify own values to better understand emerging self.	2. An individual's values are learned from continual experiences in the family, peer groups, church, school, and wider community.
	3. As one's values are clarified, one's concept of self is better defined.

Learning Activities	Resources
2.1 Have students make a list of the ten most important activities and/or things in their lives. For each item listed, have them (a) explain why it is valuable to them, and (b) indicate who or what influenced each choice. These "influencers" may include: ---family ---peers ---church ---school ---community Example: Activity or thing / Why Important / Who Influenced .owning a moped — transportation; fun; status — family, peers .being on varsity basketball team — athletic competition; status; chance for athletic scholarship — peers, school Have students share their lists with the class. Discuss how individuals learn values through experiences in family, with peers, and in church, school, and the community.	Sasse, C. Person to Person. 1978. Pp. 60-79.
3.1 Lead students in "Values Auction" activity (Appendix A-6). Once activity is completed, ask students how they feel about items that they were able to purchase in the auction. Were they surprised at the items that they continued to bid on? Did they learn anything new about themselves as a result of the activity? Discuss how clarifying one's values aids a person in knowing and understanding him/herself.	Values Auction. Appendix A-6.

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---recognize that knowledge of self is important in effectively coping with change.	1. Coping with change requires one to make decisions.
	2. Understanding self aids one in making decisions that are satisfying.
	3. Effectively coping with physical, psychological and social changes during adolescence is evidence of increasing maturity.

Learning Activities	Resources
1.1 Have students complete "Life Change Index" (Appendix A-7). For each item checked, have students make a list of decisions that may be necessary as a result of the "change event." For example, if number 11 is circled (Acquisition of job), the students may list the following: ---Determine working hours (evenings, weekends, etc.). ---Determine how to restructure study time. ---Determine how to budget money. Have students share some change events and decisions that are necessary with each. Discuss how coping with change requires one to make decisions. Reinforce that teenagers are not the only ones faced with change; parents are constantly faced with change as their children grow and develop.	Life Change Index. Appendix A-7. Smith, C. J. "The Management of Stress." Illinois Teacher, Vol. XXI, No. 1, 1977. Pp. 5-13.
2.1 Have students identify a decision they will have to make in the near future. Using "How to Make a Decision" as a worksheet, or other references, have students complete the decision-making process. In addition, have students write a short essay, indicating how understanding themselves helped in making the decisions. Discuss final decisions made by students and have students share how understanding themselves aided the decision-making process.	"How to Make a Decision." Co-ed. April 1980. Pp. 28g-28j. Paolucci, B., Faiola, T., & Thompson, P. Personal Perspectives. 1978. Chapter 4. Sasse, C. Person to Person. 1978. Pp. 60-64.
3.1 Have students complete worksheet "Who Am I - As Others See Me" (Appendix A-8). Have students analyze their physical, social, and psychological changes over the past three years as perceived by significant others. In class, have students share their feelings about the amount of (cont.)	Who Am I - As Others See Me. Appendix A-8.

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---recognize that knowledge of self is important in effectively coping with change.	3. Effectively coping with physical, psychological, and social changes during adolescence is evidence of increasing maturity. (Cont.)
---discuss the developmental tasks of teenagers.	1. Transition from childhood to adulthood is linked to chronological age rather than to physical or emotional maturity.

Learning Activities	Resources
change. Discuss problems that may have arisen as a result of these changes. List some of these on the board. Also discuss how students were able to "cope" or solve these problems.	
3.2 Give students three note cards and ask ☐ them to write on each what maturity is. ◯ Example: ---Maturity is being allowed to stay out to 1:00 a.m., but coming home at 12:30 a.m. ---Maturity is being able to pick out and pay for your own clothes without parent's approval. ---Maturity is being able to share. Have students share their responses and organize them on chalkboard using the following categories: (a) physical, (b) psychological, (c) social. Discuss how responses indicate maturity (define maturity if necessary), and have students relate how they may have reacted to some of the items when younger. (For example, how might students have responded to a 1:00 a.m. curfew when they were 13?) Discuss how effectively coping with physical, psychological, and social changes during adolescence is evidence of increasing maturity.	
1.1 Have students brainstorm some of the events or milestones occurring in adolescence that are associated with "becoming an adult." Have them associate these milestones with a chronological age. Some milestones might include: (cont.)	

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the developmental tasks of teenagers.	1. Transition from childhood to adulthood is linked to chronological age rather than to physical or emotional maturity. (Cont.)
	2. The tasks of achieving some independence from family, choosing and preparing for a vocation, making mature sexual adjustments, establishing cooperative relationships with peers, and progressing toward a sense of identity must be learned simultaneously.

Learning Activities	Resources
---age 12 or 13 - religious confirmation ---age 16 - acquiring driver's license ---age 18 - the right to vote ---age 19 (in Iowa) - the right to purchase and drink alcoholic beverages Have students discuss the physical and emotional maturity that might be necessary to effectively cope with each milestone. Have students discuss potential problems if these milestones occur before emotional and/or physical maturity. Discuss how the transition from childhood to adulthood is linked to chronological age rather than physical or emotional maturity.	
2.1 Have students examine reference sheet "Developmental Tasks of Adolescence" (Appendix A-9). Discuss the various tasks that must be learned during this time.	Developmental Tasks of Adolescence. Appendix A-9. Havighurst, R. J. Developmental Tasks and Education. 1976.
2.2 Show filmstrip "Developing Independence" or film Personality: Adolescence. Discuss how feelings and behaviors of adolescents are affected by working toward achievement of developmental tasks.	Filmstrip #2: Becoming an Adult: Psychological Tasks of Adolescence. Human Relations Media. (Available Planned Parenthood Media Center.) Film: Personality: Adolescence. McGraw-Hill Films. (Available Iowa Films, U40265.)
2.3 Have students choose a character from a book or television program who is going through the period of adolescence. Have them write a short essay on the problems (cont.)	

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the developmental tasks of teenagers.	2. The tasks of achieving some independence from family, choosing and preparing for a vocation, making mature sexual adjustments, establishing cooperative relationships with peers, and progressing toward a sense of identity must be learned simultaneously. (Cont.)
	3. Developmental tasks of adolescents may vary from one culture to another.
	4. The exploration of job choices leads to a sense of identity and develops the feelings of independence that are a part of adolescent development.

Learning Activities	Resources
and pressures the character is facing and how the person is coping with these problems and pressures. In a class discussion, have students point out developmental tasks that the characters may be trying to achieve. Compile a class list of developmental tasks that the students have identified from their essays.	
3.1 ☐ Have foreign exchange students or other persons with different cultural backgrounds discuss developmental tasks of adolescents in their respective cultures. Discuss differences between tasks of youth in these cultures and those of American teenagers.	Havighurst, R. Developmental Tasks and Education. 1976. Pp. 36-83.
3.2 ☐ Invite resource persons from minority backgrounds to discuss how developmental tasks may vary within American culture. Resource persons may represent Afro-Americans, Hispanics, Asian Americans, or Native Americans, for example.	
4.1 Have students study a particular job that may interest them. Using "Job Exploration Worksheet" (Appendix A-10), have students find out about a job that a person their age could acquire (e.g., paper boy/girl, store clerk, busboy/girl, babysitter, etc.). Have students share their feelings toward various jobs, and how they would react if certain jobs were acquired. Discuss how exploring job choices may lead to a sense of identity.	Job Exploration Worksheet. Appendix A-10.

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the developmental tasks of teenagers.	4. The exploration of job choices leads to a sense of identity and develops the feelings of independence that are a part of adolescent development. (Cont.)
	5. Teenagers may experience a great deal of confusion in attempting to further develop a personal identity.

Learning Activities	Resources
4.2 Have students list jobs they have had or currently have. For each job, have them give examples of what they did with money that was acquired (variety of things may be listed, some students may indicate money was contributed to family income). Discuss how having own income or contributing to family income helps to develop feelings of independence in adolescence.	
5.1 Show filmstrip "Establishing Personal Identity" (first 40 frames). Discuss: ---Why is it important for adolescents to have a "quest for identity?" ---What are some examples of youth-specific identities? ---What is the difference between identity confusion and identity crisis?	Filmstrip #3: Becoming An Adult: Psychological Tasks of Adolescence. Human Relations Media.
5.2 Have students read and react to the following case study: Greg was raised in a small, rural community in the state. His father died when he was quite young. While money was not plentiful, Greg's mother felt she had done the best she could to teach her son moral values. In high school Greg was active in a number of organizations, i.e., FFA, 4-H, student council, and varsity athletics. As a result he made trips to various parts of the state. He was awed by the "wealth" in some areas of the state and sometimes wondered why he had so little. This thinking led to conflict between Greg and his mother, especially when she suggested that he work a year before thinking about postsecondary training. (cont.)	

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the developmental tasks of teenagers.	5. Teenagers may experience a great deal of confusion in attempting to further develop a personal identity. (Cont.)
	6. Teenagers are assisted in identity formation apart from family by a significant peer or group, and by adults whom they respect and idealize.
	7. A major task of adolescence is an increased understanding of oneself as a sexual being.

Learning Activities	Resources
Discuss: ---What led to Greg's questioning his current life-style? ---How might this "confusion" affect Greg's quest for identity? ---How might this experience be beneficial (or disadvantageous) to Greg in the future?	
6.1 Have students complete "Who Am I" worksheet (Appendix A-11). Have students star (*) the top five "I am's" that represent them the best. For each of these, have students indicate the source or sources who are responsible. Example: ---I am a good athlete (source: football coach). Discuss assignment in class, emphasizing that persons outside of family (e.g., peers, highly respected adults) may influence identity formation of adolescents.	Who Am I? Appendix A-11.
7.1 Show filmstrip "Attaining Sexual Maturity." Discuss: ---What mental and physical changes take place to increase interest in sexuality on the part of adolescents? ---How is understanding oneself as a sexual being complicated by the media? ---In what ways do adolescents "cope" with the many adjustments that have to be made during sexual development?	Filmstrip #1: Becoming an Adult: Psychological Tasks of Adolescence. Human Relations Media. (Available Planned Parenthood Media Center.)

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe the physical growth and development related to human sexuality that occur during adolescence.	1. Puberty is the onset of sexual development in adolescence.
	2. The onset of puberty usually occurs later for males than for females.
	3. Primary sexual development in females refers to the growth and changes that take place in the uterus, ovaries, and Fallopian tubes.
	4. Primary sexual development in males refers to the growth and changes that take place in the penis, testicles, and scrotum.

Learning Activities	Resources
1.1 Ask students to define what puberty is. List some of the definitions on the chalkboard. Then ask students to identify what they perceive as "signs of puberty." List some of these on the board. Have students read an assignment on the onset of puberty in males and females. Following the reading, examine definition and "signs" of puberty. Compare original beliefs with facts. Are there differences? Clarify information for students.	Riker, A. P., & Riker, C. Finding My Way. 1979. Pp. 98-124. Westlake, H. G. Relationships. 1972. P. 45.
2.1 Have students write on a piece of paper the age when they first saw some signs of puberty. Separately collect papers from males and females. On the board, draw a line and label age (e.g., 8-17) and sex (male or female). Example: FEMALES 8 9 10 11 12 13 14 15 16 17 Draw a similar line for the other sex. From collected papers, make a slash mark (/) for each age indicated. Compare age lines for males and females. Discuss how the onset of puberty usually occurs later for males than for females. (Note: This activity is most effective when there are approximately equal numbers of males and females in the class.)	
3.1 Show a film that describes primary and secondary sexual development in males and females. Discuss the specific changes that take place in the body.	Film: Human Growth III. Perennial Education, Inc. (Available Iowa Films, US46694, or Planned Parenthood Media Center.) Riker, A. P., & Riker, C. Finding My Way. 1979. Pp. 98-124.

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe the physical growth and development related to human sexuality that occur during adolescence.	5. Secondary sexual development in females refers to body changes in breasts, hips, and body hair, and increase in body weight and height.
	6. Secondary sexual development in males refers to increase in body height, weight, muscle mass, and the growth of body hair.
	7. An indication of primary sexual development is the onset of menstruation in females and nocturnal emissions in males.
	8. A knowledge of male and female structures and their functions enables one to communicate clearly and accurately with others.

Learning Activities	Resources
7.1 Have students complete reading assignment on menstruation and nocturnal emissions.	Riker, A. P., & Riker, C. Finding My Way. 1979. Pp. 105, 121. Growing Up. Planned Parenthood. 1973.
7.2 Show film Menstruation, Linda's Film. ○ Discuss the bodily changes that bring about the onset of menstruation and the emotional and attitudinal reactions possible in both males and females.	Film: Menstruation, Linda's Film. Phoenix Films. (Available Planned Parenthood Media Center.)
8.1 - 10.1 ● Have students work in pairs to compile a list of slang terms they have heard in reference to male and female structures related to human sexual function. Have them place the lists in the Question Box. The teacher can sort through the terms and as each physical structure is discussed in class, she/he can refer to the slang term that is often associated with it. See Appendix A-12 for a list of common slang and English terms used to refer to male and female structures.	Chart of Body Terms. Appendix A-12.

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe the physical growth and development related to human sexuality that occur during adolescence.	9. The male structures related to human sexual function include: a. genitalia b. penis with or without foreskin c. scrotum d. testicles e. epididymis f. vas deferens g. seminal vesicles h. ejaculatory duct i. bladder sphincter j. prostate gland k. Cowper's glands l. urethra m. anus 10. The female structures related to human sexual function include: a. labia, majora and minora b. vulva c. clitoris d. hymen e. vagina f. cervix g. uterus h. Fallopian tubes i. ovaries j. ova k. anus 11. A pelvic examination for a female permits checking the vagina and cervix, the size and position of internal organs, and taking a Pap test for cancer.

Learning Activities	Resources
9.2 - 10.2 ● Have students read assignment on male and female structures related to human sexual function or present information using overhead transparencies or slides. Then have students complete one or more of the following activities: ---"Physical Structures Scramble" (Appendix A-13) ---Worksheets on male and female structures (Appendix A-14) ---Bingo game which can be adapted from "Human Development Bingo"	Physical Structures Scramble. Appendix A-13. Female Structures Related to Human Sexual Function. Appendix A-14. Male Structures Related to Human Sexual Function. Appendix A-14. Transparencies: Human Reproduction Systems. 3-M Company. Riker, A. P., & Riker, C. Finding My Way. 1979. Pp. 101-3, 116-19. Westlake, H. G. Relationships. 1972. Pp. 318-22. Slides: Human Reproduction 100. (Available Planned Parenthood Media Center.) Justice, K. W. "Human Development Bingo." Forecast, December 1979. Pp. 30-31.
11.1 □ ● Display chart Your First Visit to the Gynecologist, or show filmstrip "The Gynecologist: Your First Visit," or show film Your Pelvic and Breast Examination. List all terms used on chalkboard and have students define and discuss.	Your First Visit to the Gynecologist. Life Cycle Center. 1979. Filmstrip A: Women's Health Concerns: A Personal Look. Eye Gate Media.

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe the physical growth and development related to human sexuality that occur during adolescence.	11. A pelvic examination for a female permits checking the vagina and cervix, the size and position of internal organs, and taking a Pap test for cancer. (Cont.)
	12. Examination of the testicles in males aids in identifying the formation of tumors that may or may not be malignant.
	13. Both men and women should be aware of the procedure for self-examination of breasts and testicles.

Learning Activities	Resources
	Film: Your Pelvic and Breast Examination. Perennial Education, Inc. (Available Planned Parenthood Media Center.) Riker, A., & Riker, C. Finding My Way. 1979. Pp. 109-10.
12.1 - 13.1 Distribute pamphlet Facts on Testicular Cancer and ask students to read. ☐ ● Discuss: ---What is the function of the testicles? ---What are the four main types of malignant tumors of the testicles? ---How is self-examination of testicles performed? ---Why is examination important?	Facts on Testicular Cancer. American Cancer Society. 1978.
13.2 ☐ ● Show film Breast Self-Examination, or filmstrip "The Self Breast Examination," or distribute pamphlet How To Examine Your Breasts. Discuss importance of routine monthly self-examination. Use silicone model and cassette to demonstrate correct procedure.	Film: Breast Self-Examination. New York City Dept. Health. (Available Planned Parenthood Media Center.) Filmstrip B: Women's Health Concerns: A Personal Look. Eye Gate Media. How To Examine Your Breasts. American Cancer Society. 1975. Breast Examination Model and Cassette. (Available Planned Parenthood Media Center.)

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe the physical growth and development related to human sexuality that occur during adolescence.	13. Both men and women should be aware of the procedure for self-examination of breasts and testicles. (Cont.)
	14. Regular medical examinations are important for sexual health.

Learning Activities	Resources
13.3 Show film Self-Examination of the Testes or distribute pamphlet Self Testicle Exam. Discuss importance of routine monthly self-examination.	Film: Self-Examination of the Testes. Eaton Laboratory. (Available Planned Parenthood Media Center.) Self Testicle Exam. American Cancer Society. 1979.
13.4 Explore in class discussion the procedures one should follow if a lump is discovered in breast or testicle. Stress importance of early detection to successful treatment.	Progress against Breast Cancer. DHEW Pub. No. NIH 79-1621. 1979.
14.1 Discuss the following questions with students in class: ---What is meant by regular medical examinations? ---What factors might influence frequency of regular medical examinations? Examples: ---age ---past medical history (personal and/or family) ---sexual activity ---money ---others Assign students to survey community to determine where medical services, e.g., Pap tests, VD tests, etc., are available and the amount charged for the various exams. Report findings to class.	"Timetables for Cancer Checks." Time. March 31, 1980.

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe the physical growth and development related to human sexuality that occur during adolescence.	14. Regular medical examinations are important for sexual health. (Cont.)
	15. There is no timetable for the onset of sexual development or the accomplishment of sexual maturity in adolescence.
	16. Individual differences in the time of puberty influences the psychological/emotional reaction of the teenager.

Learning Activities	Resources
14.2 Ask each student to write down one reason regular medical examinations are important for sexual health. Make composite listing on blackboard of all reasons suggested by students. Summarize.	
15.1 - 16.1 ● Have each student conduct three interviews with persons of various ages (e.g., 14, 20, 35). For these interviews, encourage students to choose persons whom they know and with whom they are comfortable (a younger brother or sister, close friend of family, aunt or uncle, etc.). Have them ask the following questions: ---At what age did you consider yourself sexually developed? (Student may have to describe primary and secondary sexual development.) ---What were your feelings about your sexual development? Were you embarrassed because you developed "too late" or "too early?" ---What do you feel are characteristics of a sexually mature person? ---At what age did you feel sexually mature? Have students compile these findings. Are there certain ages that appear to be considered the "passages" into sexual development and maturity? Discuss the fact that there is no timetable for the onset of sexual development or the accomplishment of sexual maturity. Also discuss how individual differences at the time of puberty influence emotional reactions at that time.	

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe the physical growth and development related to human sexuality that occur during adolescence.	17. Psychological/emotional reactions that result from the physical changes in puberty may include a desire for isolation, heightened emotionality, excessive modesty, and heightened insecurity.
	18. By experiencing rapid growth and development over a relatively short period, teenagers are forced to seek a redefinition of their body images, i.e., the perception and evaluation of their physical attributes.

Learning Activities	Resources
17.1 Have students write essay entitled "Coming of Age." In the essay, students can express how teenagers feel when physical changes begin to take place in their bodies, particularly those that are related to secondary sexual development. Have them include: ---a humorous situation that might occur as a result of these changes ---a situation in which they might feel uncomfortable with the changes Some students may want to share their essays in class. Use this as a basis for discussing the psychological/emotional reactions to the physical changes in puberty.	
18.1 Show filmstrip "Attaining Sexual Maturity." After the filmstrip, use a voting technique to find out the following: ---How many of you spend more time in front of a mirror than you did five years ago? ---How many of you thought you would look differently than you do? ---How many of you would like to be taller? Shorter? Thinner? Better developed? ---How many of you are satisfied with the way you look? Discuss how adolescents initially may be dissatisfied with their physical attributes but with sexual maturity, may learn to accept and appreciate the physical self.	Filmstrip #1: Becoming An Adult: Psychological Tasks of Adolescence. Human Relations Media. (Available Planned Parenthood Media Center.)

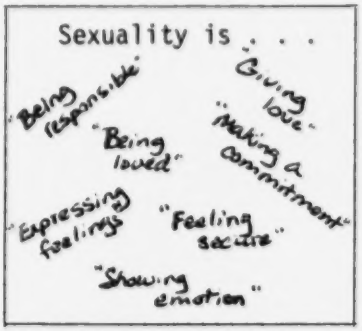
MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe the physical growth and development related to human sexuality that occur during adolescence.	18. By experiencing rapid growth and development over a relatively short period, teenagers are forced to seek a redefinition of their body images, i.e., the perception and evaluation of their physical attributes. (Cont.)
	19. Human sexuality can never be understood simply in terms of physiological processes since sexuality is not a function of the sex organs alone, nor of the body alone, but of the whole human being in relation to his/her world.

Learning Activities	Resources
18.2 Have students bring pictures (school pictures or snapshots) of themselves at age 12 and of themselves now. Have students write short essays, answering questions listed in learning activity 18.1.	
19.1 Have students work in buzz groups and brainstorm what is meant by "sexuality." Possible ways students may describe it include: ---way to "make babies" ---way to relieve tension ---form of communication ---way to determine "male" or "female" identity ---physical activity (intercourse) that leads to orgasm ---way to control and have power over another person ---form of recreation ---ego booster ---spiritual union Discuss how the descriptions of sexuality varied and how various aspects of a person (such as emotional, social, intellectual as well as physical) entered into the definitions. As a group, lead students in writing a consensus definition.	Read, D. Healthy Sexuality. 1979. Definition: Human sexuality can be defined as the integration of physical, emotional, intellectual, and social aspects of an individual's personality, that express maleness or femaleness.
19.2 Show filmstrip "Understanding Sexuality." Discuss how thoughts, feelings, and behavior, as well as physical features, have a bearing on one's sexuality.	Instructional Kit: Understanding Sexuality. Butterick Publishing. 1980.

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe the physical growth and development related to human sexuality that occur during adolescence.	19. Human sexuality can never be understood simply in terms of physiological processes since sexuality is not a function of the sex organs alone, nor of the body alone, but of the whole human being in relation to his/her world. (Cont.)
---describe characteristics of emotional/psychological, intellectual, and psychomotor development during adolescence.	1. Adolescent growth and development is not synchronized with chronological age; individuals progress at their own rate.

Learning Activities	Resources
	Bulletin Board:  You may want to brainstorm with students other possible meanings of sexuality, and include on bulletin board.
1.1 List on chalkboard or overhead transparency the six areas of growth: chronological, physical, intellectual, emotional, social, and philosophical. Ask students to find (may use worksheet, Areas of Growth, Appendix A-16): ---definition of each area of growth ---example that illustrates signs of growth in each area that may occur during adolescence Discuss findings in class and then answer these questions: ---Does growth in all areas occur at the same time? ---Does the rate of growth vary from area to area? ---Does growth in these areas vary from person to person? (cont.)	Areas of Growth. Appendix A-16. Ryder, V. Contemporary Living. 1979. Pp. 57-77. Landis, J. T., & Landis, M. G. Personal Adjustment, Marriage, and Family Living. 1975. Pp. 17-29. Bulletin Board: Ask students to bring baby pictures and recent snapshot. Arrange pairs of pictures on board. Title: "You've Come a Long Way Baby."

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe characteristics of emotional/psychological, intellectual, and psychomotor development during adolescence.	1. Adolescent growth and development is not synchronized with chronological age; individuals progress at their own rate. (Cont.)
	2. Emotional development in adolescence concerns the need for affection, acceptance, security, achievement, and freedom from guilt or fear.

Learning Activities	Resources
Ask students to consider <u>their own</u> development in each area and write one sentence for each describing their own progress. Discuss similarities and differences. 2.1 ○ Post five sheets of newsprint around room with one emotional need written on each, i.e., affection (companionship), acceptance, security, achievement (success), and freedom from guilt or fear. Ask students to brainstorm and list positive words or short phrases they associate with each need. Example: ---achievement - good grades, making the team, saving money to buy a car, etc. Discuss: ---Why are each of these needs important? ---How are these needs interrelated? 2.2 ○ Write a few case studies illustrating problems in coping with emotional needs. Examples: ---Mary and Joe work together on the school newspaper and have been dating. Joe asks Mary's best friend to the Valentine dance. ---Enid overhears her lab partner say in the hallway, "Boy, that Enid's awkward. She breaks something every day!" Divide class into small buzz groups, give each a situation, and ask each group to discuss the situation: (cont.)	

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe characteristics of emotional/psychological, intellectual, and psychomotor development during adolescence.	2. Emotional development in adolescence concerns the need for affection, acceptance, security, achievement, and freedom from guilt or fear. (Cont.)
	3. Development of cognitive skills in adolescence usually involves an increased ability to use logic and reasoning to solve problems.

Learning Activities	Resources
---Identify the emotional need. ---List some possible reactions. ---Suggest some constructive ways to deal with the problems. Present to total class and discuss.	
2.3 Ask a panel of students to present a report on defense mechanisms: direct attack, compensation, rationalization, displacement, conversion, regression, idealization, and daydreaming. or Show filmstrips "Psychological Defenses," Series A and B. Ask each class member to choose one defense mechanism and write a short paper describing a situation when s/he used this specific defense mechanism. or Describe a TV show where an adolescent used a defense mechanism.	Filmstrips: Psychological Defenses, Series A and B. Human Relations Media.
3.1 Show filmstrip "Establishing a Personal Identity." (Frames 41-46 covering task and commitment to work may be omitted here.) Discuss: ---List some ways one's mind develops during adolescence. ---List ways an adolescent tests his/her new intellectual skills.	Filmstrip #3: Becoming an Adult: Psychological Tasks of Adolescence. Human Relations Media. (Available Planned Parenthood Media Center.)
3.2 Assign readings on development of cognitive skills in adolescence. Ask students to define: ---concrete operations ---propositional thinking ---formal operations (cont.)	Draper, T., Ganong, M., & Goodell, V. See How They Grow. 1980. Pp. 327-31. Elkind, D. A Sympathetic Understanding of the Child: Birth to Sixteen. 1971.

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe characteristics of emotional/psychological, intellectual, and psychomotor development during adolescence.	3. Development of cognitive skills in adolescence usually involves an increased ability to use logic and reasoning to solve problems. (Cont.)
	4. Development of psychomotor skills in adolescence involves an increased ability to perform fine- and/or large-motor skill activity.
---define the meaning of social development.	1. Social development begins at birth and evolves throughout life.

Learning Activities	Resources
Discuss definitions in class by describing high school classes that require the use of each skill.	
4.1 Prepare a display of articles containing examples of first and advanced projects in sewing, woodworking, drafting, etc. (from teachers or students). Discuss how experience and practice affect fine motor skill activity.	
4.2 Assign students to observe and compare skills exhibited in a junior high and senior high basketball game (in intramural or varsity games or in physical education classes). Ask students to share observations in class. Discuss: ---How would you describe differences in ability to handle an object (ball) in environment that is constantly changing (rapid play during game)? ---Why do these differences appear? e.g. perience, practice, development of strength and agility	
1.1 Review and define in class "socialization," "social environment," and "goals of socialization." Assign text readings if necessary.	Draper, M., & Draper, H. Caring for Children. 1975. Chapter 6. Ryder, V. Contemporary Living. 1979. Chapter 4. Pp. 280-81. Paolucci, B., Faiola, T., & Thompson, P. Personal Perspectives. 1978. Chapter 1. (cont.)

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---define the meaning of social development.	1. Social development begins at birth and evolves throughout life. (Cont.)
	2. For most individuals social development follows a predictable pattern.

Learning Activities	Resources
	Schultz, J., et al. The Decision to Parent. 1980. Pp. 15-17.
1.2 Divide class into six groups and assign each group one stage of the life cycle: infancy, childhood, adolescence, adulthood, middle age, old age. Ask each group to prepare a report to present in class describing the social development that occurs during its assigned stage of the life cycle. Bring pictures from magazines/newspapers to illustrate the presentation. Have students in audience (those not giving a report) be prepared to ask questions to "stump the panel." Give reports in class, discuss, prepare bulletin board using pictures collected.	
2.1 Make copies of worksheet Pattern of Social Development (Appendix A-17) for students. Ask students to order the eight items at the bottom of the page as they believe these occur from birth to adulthood. Write on lines provided. Discuss results in class having students give reasons for their choices. Write the items in order on the chalkboard: e.g., 8, 4, 2, 1, 5, 7, 6, 3. Discuss: ---Do you agree, disagree and why? ---Is there a set timetable for an individual to progress from one level to the next?	Pattern of Social Development. Appendix A-17.

(cont.)

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---define the meaning of social development.	2. For most individuals social development follows a predictable pattern. (Cont.)
	3. Social development is built upon relationships with one's fellow human beings, accepting and understanding them.

Learning Activities	Resources
---Is it possible to skip or omit a step as one progresses? ---How does one's concept of self grow and change as one progresses through each level?	
3.1 ☐ Give each student an orange and several paper towels. a. Instruct students to peel the orange, separate the sections, place on paper towel, and number each section. b. Write under each section how it differs from the one next to it: longer, shorter, fatter, thinner, has or has not a seed, etc. c. Write under each section the name of a person you know. d. List one way each person differs from the other "persons" on the paper towel. e. Eat the orange sections; keep paper towel. Discuss: ---Did you choose not to eat one or more of the sections because it was different? ---Did each section provide flavor and enjoyment? ---How were all sections similar? ---Did eating the orange provide a sense of pleasure and well-being? Repeat the questions but relate to friends and relationships: ---Do you choose not to be friends with someone who is different from you? Why? (accepting differences) (cont.)	

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---define the meaning of social development.	3. Social development is built upon relationships with one's fellow human beings, accepting and understanding them. (Cont.)
	4. The need to relate to others is fundamental to most individuals' feelings of well-being.
	5. All human relationships have a potential for helping each member benefit from the interaction.

Learning Activities	Resources
---Do you enjoy being with each person you listed? Why or why not? (expanding, understanding, and broadening experiences) ---How are all friendships similar? (providing social relationships) ---How do you benefit from forming a variety of friendships? (relating to others) Summarize.	
4.1 Prepare a transparency of Maslow's pyramid theory or a handout for each student. Discuss each level of human needs. Ask students to describe characteristics of a person who has achieved each level. Have students write a paragraph entitled: Everyone Needs to Be Needed. Share in class or post on bulletin board.	Ryder, V. Contemporary Living. 1979. Pp. 18-20.
4.2 Ask students to find a definition for introvert, ambivert, extrovert, and hermit. Bring to class a picture from a magazine or newspaper, or a personal sketch that illustrates one characteristic of each. Discuss findings in class, making a collage of characteristics associated with each personality type. Post on bulletin board.	
5.1 Give students a list of persons with whom they might have a relationship: grandparent parent sibling best friend same sex opposite sex teacher counselor minister employer other (cont.)	

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---define the meaning of social development.	5. All human relationships have a potential for helping each member benefit from the interaction. (Cont.)
---describe how sex role socialization influences the development of self.	1. Sex role socialization is the process by which an individual is prepared to occupy various masculine and feminine roles.

Learning Activities	Resources
Ask students to list for each person one way in which the student has benefited from the relationship; one way in which the other person has benefited from the relationship. Discuss responses in class: ---How do interactions differ in these relationships? How are they similar? ---In what ways do individuals benefit from relationships with others?	
1.1 Arrange for students to observe children in a preschool. Ask them to be prepared to discuss: ---Were both male and female preschool teachers present? ---Were both boys and girls involved in household activities? (cooking, sweeping, etc.) ---Were both girls and boys participating in building activities? ---Were both boys and girls encouraged to try all kinds of varied activities? ---What were the children learning about sex roles?	Promoting Sex Equity in the Classroom. Iowa Department of Public Instruction. 1979. Riker, A. P., & Riker, C. Finding My Way. 1979. Pp. 47-54. Morrison, E. S., & Price, M. U. Values in Sexuality. 1974.
1.2 Allow students to explore how they feel about their own sex roles. Divide class into groups by sex. Provide newsprint and markers for each group. Direct groups to list (for own sex): ---advantages of being man or woman ---disadvantages of being woman or man Post lists on wall and compare. Have members of opposite sex comment on each list. Do you agree/disagree? Why?	

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe how sex role socialization influences the development of self.	2. An individual learns sex roles in many ways, including modeling (imitating) parents and peers.
	3. Sex role socialization is reinforced by mass media.

Learning Activities	Resources
2.1 See activities listed pp. 24-27 in The Decision to Parent.	Schultz, J., et al. The Decision to Parent. 1980. Pp. 24-27.
2.2 List on blackboard activities such as: ○ ballet lessons — hunting repairing car — sewing needlepointing — singing in choir fishing — doing dishes baking brownies — drying hair reading poetry Discuss: ---How would you react if your best friend participated in these activities? ---Would you join him or her? ---Are your responses based upon your perceived sex role?	
3.1 Ask students to collect advertisements ☐ from magazines and newspapers that depict men and women in traditional roles. Display in classroom and discuss implications, e.g., only women use kitchen appliances, only men wax cars. Have each student redesign an advertisement to reflect changing concepts of men's and women's roles. or Have students find advertisements that reflect changing role concepts.	

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe how sex role socialization influences the development of self.	3. Sex role socialization is reinforced by mass media. (Cont.)
---explain intimacy as a need for human relationship.	1. Human intimacy involves a close relationship between two individuals. 2. Intimacy does not necessarily mean a physical sexual relationship, although this can be part of it.

Learning Activities	Resources
3.2 Form small same-sex groups, giving each a collection of magazines. Have males make collage of American woman, females make collage of American man. Post on wall and discuss stereotypes observed.	
3.3 Assign students to watch a TV show and answer the following questions: ---What behavior did the men exhibit? the women? (e.g., emotional, scatter-brained, independent, dependent, aggressive, stoic, controlled) ---What roles did the women assume? the men? ---Were any nontraditional roles depicted? (in family, in an occupation, in behaviors) Discuss findings in class after assignment is completed.	
1.1 - 2.1 Make a transparency of Erik Erikson's "Stages of Human Development" (Appendix A-18). Explore in class a definition and description of each level, positive and negative.	Erickson's Stages of Human Development. Appendix A-18. Ryder, V. Contemporary Living. 1979. Pp. 10-14. Teacher reference: McCary, J. L. McCary's Human Sexuality. 1978.
1.2 - 2.2 Write on the chalkboard or make a transparency of the following Webster's dictionary definitions of "intimate." ---belonging to or characterizing one's deepest nature ---marked by very close association, contact, familiarity	

(cont.)

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---explain intimacy as a need for human relationship.	1. Human intimacy involves a close relationship between two individuals. (Cont.)
	2. Intimacy does not necessarily mean a physical sexual relationship, although this can be part of it. (Cont.)
	3. Intimacy evolves through the development of five components in order--choice, mutuality, reciprocity, trust, and delight.

Learning Activities	Resources
---marked by a warm friendship developing through a long association ---of a very personal or private nature Discuss the definitions, asking students where they would place each of the following: me/myself, a diary, man/wife, best friends, a favorite aunt or uncle, others. Which of these relationships involve an intimate physical relationship? an intimate psychological relationship? Discuss: ---What are the differences between an acquaintance, a friend, and an intimate friend? ---Why do human beings need both physical and psychological relationships?	
3.1 List five components of intimacy development on chalkboard: a. Choice (meeting, liking, exchanging small confidences) b. Mutuality (2 people making same choice) c. Reciprocity (confiding, giving equally, understanding) d. Trust (recognizing responses as consistent, nonjudgmental, nondestructive) e. Delight (unconditional acceptance, both flourish) Ask students to list on a separate sheet words and phrases they associate with each component (word). Make a composite listing on board adding words in parentheses to clarify meaning if necessary. Discuss each component to illustrate how intimacy develops. Have students give further examples of what two individuals give and receive at each level.	McCary, J. L. McCary's Human Sexuality. 1978.

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---explain intimacy as a need for human relationship.	3. Intimacy evolves through the development of five components in order--choice, mutuality, reciprocity, trust, and delight. (Cont.)
	4. Communication is an essential element of an intimate relationship.

Learning Activities	Resources
3.2 Ask students to choose one of the following statements and write a paragraph explaining what the statement means to them. ---Intimacy is an ongoing process supported by sharing and revealing of self. ---Time and privacy are necessary for the development of intimacy.	
4.1 Show film Joshua in the Box. Discuss: ---Could Joshua have an intimate relationship? ---Think back to the components of developing an intimate relationship. What was present at each level? (communication) ---If Joshua stays in his box, what is he walling in? and out? ---What advice would you give to Joshua? ---What would happen if a "Josian" were in the box with Joshua? or waiting outside the box for Joshua?	Film: Joshua in the Box. Stephen Bosustow Prod. (Available Iowa Films, S-27856).
4.2 List the five components of intimacy development (p. 70) on the chalkboard. Divide class into five groups and assign one component to each group. Have groups prepare a role play illustrating the communication (type and content) that occurs at the component level assigned. Share in class and discuss why communication is an essential ingredient in developing an intimate relationship.	

MAJOR COMPETENCY B

The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies:

	Page
The student can---	
---describe communication as an effective tool in developing positive relationships.	76
---outline the basic principles of human communication.	78
---give examples of how ineffective communication leads to conflict in human relationships.	84
---describe how family communication patterns influence satisfaction of family members.	88
---describe how family communication patterns influence sexual values and behaviors.	92
---explain how the sexual values and behavior of teenagers are influenced by peers.	100
---recognize that teenagers can choose from a variety of sexual behaviors.	108
---recognize that a mature sexual relationship is the most intimate of all interpersonal relationships.	118
---discuss the kinds of responsibilities associated with a mature sexual relationship.	120

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe communication as an effective tool in developing positive relationships.	1. Communication, which involves decision making, is necessary for social interaction.
	2. The nature of relationships between two or more people is limited by the quality and style of communication.

Learning Activities	Resources
1.1 Show filmstrip "Step by Step" or have students read an appropriate reference on the steps in the decision-making process. Brainstorm problems teenagers have. Discuss how the steps in the decision-making process can be related to solving their problems. Help students see that talking to themselves is only the first step in clarifying the decision-making process. Discuss: ---How important is communication when problems need to be solved? ---Why is it important to involve others in the communication process?	Filmstrip #4: Management for Living. Butterick Publishing Co. Paolucci, B., Faiola, T., & Thompson, P. Personal Perspectives. 1978. Chapter 4.
2.1 Ask students to look up the word "communication" in an unabridged dictionary. Note the many different meanings the word can have (Riker & Riker, p. 115). Ask students to differentiate between verbal communication styles: ---written vs. spoken ---formal language vs. informal (street talk, colloquial) ---complete thoughts vs. incomplete thoughts Discuss whether or not relationships need communication to survive. Does your ability to communicate effectively influence how you feel about a relationship? Ask students to give examples of relationships where they feel good and then think about the communication involved.	Riker, A. P., & Riker, C. Me: Understanding Myself and Others. 1977. Chapter 6.
2.2 ☐ Have students brainstorm all the different ways you can communicate with others, e.g., body language, written word, spoken word. List these ways on the chalkboard. (cont.)	

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe communication as an effective tool in developing positive relationships.	2. The nature of relationships between two or more people is limited by the quality and style of communication. (Cont.)
---outline the basic principles of human communication.	1. Human communication patterns are both verbal and nonverbal, and involve both a sender and a receiver.

Learning Activities	Resources
Divide the class into groups of two and give each pair a situation to role play. Students are to role play how they would communicate with: ---a blind person ---a deaf person ---a baby ---a person who doesn't speak English ---a toddler ---a parent ---a boy/girl friend ---a pet dog Discuss how the nature of relationships is limited by the quality and style of communication.	
2.3 Lead class in buzz session on the effects of communication: ---personal attitudes ---recognizing needs and feelings of others ---mental and emotional well-being ---personal ambition and goals	
1.1 Use a transparency to illustrate that the communication process involves both a sender and a receiver. Stress the following points for the sender: ---Organize your thoughts. ---Speak clearly. ---Use words receiver will understand. ---Look directly at the receiver. ---Stop now and then to make sure your message is understood. ---Does the receiver ask for feedback? ---Ask receiver for feedback.	Kit: Management Principles. Butterick Publishing. 1979. "Explain Communication Skills." Forecast. Sept. 1977. P. 110. "Concentrating on Communication." Forecast. Sept. 1977. P. 109.

(cont.)

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---outline the basic principles of human communication.	1. Human communication patterns are both verbal and nonverbal, and involve both a sender and a receiver. (Cont.)
	2. For effective communication to exist, verbal and nonverbal messages must be congruent.

Learning Activities	Resources
Emphasize these points for the receiver: ---Look at person speaking. ---Listen carefully. ---Ask for something to be repeated if you do not understand the message. ---Stop at certain times and make sure you are understanding correctly. ---Check with sender when finished to see if you have understood the message.	
1.2 Have one student begin a story. Have this student whisper the story to the next student. Have the final student tell what he/she heard. Discuss what happened in the process. Review points for sending and receiving messages, using transparency.	
1.3 Play a game of charades to emphasize the difficulty of communicating using only nonverbal messages or do the class activity, Game of Squares. Students receive one piece of a puzzle and must, cooperatively and nonverbally, find a classmate with the missing puzzle pieces and thus form a square. (Appendix B-1.)	Game of Squares. Appendix B-1.
1.4 View a TV show (videotape) first without sound and then with sound. Discuss differences.	
2.1 Have students look up "congruent" in the dictionary. Help them identify word pairs, i.e., things that go together such as: ---bread and butter ---peanut butter and jelly ---salt and pepper ---paper and pencil	Scheflen, A. E. Body Language and Social Order. 1972.

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---outline the basic principles of human communication.	2. For effective communication to exist, verbal and nonverbal messages must be congruent. (Cont.)
	3. Effective communication involves verification feedback, which may include parroting and paraphrasing.

Learning Activities	Resources
Help them identify things that are incongruent or don't go together, such as: ---tuxedo and tennis shoes ---onions and cake ---ice cream and horseradish	
2.2 Have students relate an incident where incongruency caused them conflict. Have them prepare a list of ways to promote effective communication by congruency in messages. Record their responses on chalkboard or transparency.	
3.1 Have students complete the following incomplete sentences: ---After school today I am going to . . . ---When I talk to my friend I . . . ---On weekends I have to . . . Put students in pairs and ask each student to read his/her sentence to the second student, the listener. The listener will parrot back or repeat the speaker's words. Exchange roles. Discuss. Ask students to respond to the incomplete sentences a second time. Working in pairs have the listener paraphrase the information. Check with the speaker to see if it is correct. The listener could start the paraphrase, "By that you mean . . ." Exchange roles. Discuss. Class discussion questions: a. Why is it easier to understand what the speaker said after parroting or paraphrasing the message? (cont.)	

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---outline the basic principles of human communication.	3. Effective communication involves verification feedback, which may include parroting and paraphrasing. (Cont.)
---give examples of how ineffective communication leads to conflict in human relationships.	1. Incongruent emotional, intellectual, and/or physical messages lead to conflicts in human relationships.

Learning Activities	Resources
b. If the listener cannot parrot or paraphrase the speaker's words, what actions must the speaker take? c. Since parroting and paraphrasing are a form of verifying what the speaker has said, when can this form of feedback improve communication? 1.1 Use cartoons or actual life experiences to show how verbal and nonverbal communication is often incongruent, e.g., parent advising child not to drink, while sipping a cocktail. 1.2 Assign one group of students to be a reactor panel and another to role play a set of typical messages using varied intonations in vocal patterns and various forms of body language. Suggested messages and body language include: ---I told you not to do that!!! (standing and swinging arms) ---I told you not to do that!! (sitting and pointing finger) ---I told you not to do that! (looking at newspaper while continuing to read) Ask reactor panel to record their comments based on the following: ---the parroted message ---the paraphrased message ---the "real" or interpreted message ---resulting human relationship conflicts Have reactor panel share their comments. Lead class in bringing out examples of incongruent messages in other situations, especially those involving male-female	

(cont.)

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---give examples of how ineffective communication leads to conflict in human relationships.	1. Incongruent emotional, intellectual, and/or physical messages lead to conflicts in human relationships. (Cont.)
	2. Conflict resulting from ineffective communication is a fact of life, and may be seen as either a positive or negative force.

Learning Activities	Resources
relationships, and what can happen as a result. Help class compose a one sentence summary about incongruent messages and human relationships.	
2.1 Have students read Chapter 6 of Me--Understanding Myself and Others, by Riker and Riker. Emphasize pages 119-122 on the topic unspoken and distorted communication. Brainstorm rules for better communication. Consider those presented by Riker and Riker, p. 121: ---learn causes ---learn solutions ---learn to consider advice you have not asked for ---learn to listen	Riker, A. P., & Riker, C. Me: Understanding Myself and Others. 1977. Pp. 119-22.
2.2 Have students read Chapter 18 of Personal Adjustment, Marriage, and Family Living. Have students participate in a sociodrama using the following scenario: Rosa and Henriko have been married for ten years and have seven children. They differ over choices in family entertainment. Rosa prefers outdoor activities like camping and Henriko prefers to go to the movies. How can they reach agreement? Demonstrate two ways of meeting the situation: a quarrel, a conference.	Landis, J. T., & Landis, H. G. Personal Adjustment, Marriage, and Family Living. 1975.

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe how family communication patterns influence satisfaction of family members.	1. Successful family relationships involve cooperative ongoing communication processes.
	2. If one knows individual and family goals, decisions that are mutually satisfying are more likely.

Learning Activities	Resources
1.1 Have students read Chapter 6 of Contemporary Living. Emphasize the hierarchy of communication levels that follow: Level 5: Cliche - no involvement - "How are you?" Level 4: Inquiry - no commitment - "I heard you were finished with your assignment." Level 3: Self-relating - limited sharing - "I've been to see that movie too." Level 2: Vulnerability - exposing emotions - "I'm afraid that your choice will make you sick." Level 1: Openness - honest desire to share and understand - "I will do anything I can to help you." Have students analyze a dialogue assigning communication levels to each student.	Ryder, V. Contemporary Living. 1979. Chapter 6.
1.2 Have students make a list of positive communication guidelines for getting along with brothers and sisters, parents, friends, etc. If this is done in small groups, compile the list. Discuss and have each student consider if the list might be helpful for personal use. Independent study project: Students could be encouraged to evaluate their skills and make a self-contract to improve their family communication skills where they feel it is necessary.	
2.1 Have students brainstorm ways of establishing a family communication system. Consider the following list and add others. (cont.)	

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe how family communication patterns influence satisfaction of family members.	2. If one knows individual and family goals, decisions that are mutually satisfying are more likely. (Cont.)
	3. Family members need to consider how decisions they make affect themselves and others.

Learning Activities	Resources
a. A time set aside each day for talking together, e.g., meals, in the evening. b. A weekly activity where one person plans the events for the entire family, e.g., choice of recreational activity, menu planning and/or preparation, religious experience. c. A weekly commitment to help family member perform a task or role. Guide students in evaluating the list and proposing a system that would suit their individual families.	
2.2 Have students divide a sheet of paper into columns, one column for each member of the family and one for the total family. In the first column ask them to list goals of their entire family; in the second and/or third, goals of each of their parents; in the remaining columns, goals of each of the other family members. Discuss whether or not they are aware of their total family's goals, other family members' goals. If each family member could select a place for a vacation, where would it be? How might the family decide where to go?	
3.1 Direct students to form a "family" with three or four classmates: a. Make up and describe family members (names, ages, etc.). What do the family members do? b. Describe the setting. Does the family live in a city, country, house, apartment? c. Discuss which family member each student will play. d. Without planning, act out this scene or one that the teacher writes to fit the situation: The family member who earns (cont.)	Paolucci, B., Faiola, T., & Thompson, P. Personal Perspectives. 1978. Sasse, C. Person To Person. 1978.

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe how family communication patterns influence satisfaction of family members.	3. Family members need to consider how decisions they make affect themselves and others. (Cont.)
	4. Resolving family conflicts involves consideration of other family members.
---describe how family communication patterns influence sexual values and behaviors.	1. Families have information processing rules that determine the kind of communication that goes on.

Learning Activities	Resources
the most has been laid off for two weeks. The family must get by on other sources of income. Discuss the importance of how a decision by one family member affects not only that person but other family members as well.	
4.1 Have students consider the words to the song "Walk a Mile in My Shoes" by Ray Stevens. Selected lyrics follow: ---Walk a mile in my shoes, Walk a mile in my shoes, Before you abuse, criticize, and accuse, Walk a mile in my shoes. Discuss in relation to various family members or friends. Case studies may be used to facilitate discussion.	Ray Stevens recording, "Walk a Mile in My Shoes."
4.2 Play "Generation Gap" in class or have each student write a situation depicting conflict between different generations in families. Collect these situations and distribute each to a different class member. Have class write a way the conflict might be solved. Share ways of resolving family conflicts orally. Emphasize the importance of good communication and consideration of other family members.	Sheld, E. O., & Book, S. B. Generation Gap. Academic Games Assoc.
1.1 Have students brainstorm things parents talk about with their children. List on chalkboard. Discuss: ---How do the things talked about change with the age of the child? (cont.)	Hymes, J. L. How to Tell Your Child about Sex. 1979. Concerns of Parents about Sex Education. Study Guide No. 13. SIECUS. 1977.

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe how family communication patterns influence sexual values and behaviors.	1. Families have information processing rules that determine the kind of communication that goes on. (Cont.)
	2. Experiences within the family influence many beliefs and ideas about sexual values and behaviors.

Learning Activities	Resources
---What additional things might children want their parents to talk about with them? (If sex has not come up, suggest it.) ---Why might parents not talk with their children about some things?	Film: Double Trouble. Self-Incorporated Series. (Available University of Wisconsin Audiovisual Film Rental Library.)
1.2 ☐ Prepare handouts for students on "A Discussion of Sex: Six Parents-Six Options" from Between Parent and Teenager, Pp. 155-60. Divide the class into six groups and distribute the handouts to the groups. Assign a different parent to each group. Have each group answer the following questions: ---How did the parent your group was assigned feel about sex? Why? ---How do these feelings affect the way she/he communicates with his/her children about sex. Have each group report to the class on their discussion. Ask class to vote on which parent they would most like to be like. Discuss why they chose the one they did.	Ginott, H. G. Between Parent and Teenager. 1971.
2.1 Discuss how parental reaction to the following situations could affect a child's sexual values and attitudes: ---toilet training ---child exposing himself/herself ---children playing doctor ---boys urinating outside ---an older sibling having to get married ---incest	

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe how family communication patterns influence sexual values and behaviors.	2. Experiences within the family influence many beliefs and ideas about sexual values and behaviors. (Cont.)

Learning Activities	Resources
2.2 Show the film A Family Talks about Sex or Loving Parents. Discuss: ---Why is it important for parents to talk frankly with their children about sex from the beginning? ---How did the questions children asked their parents about sex change as the age of the children changed? ---How did the parents in the film communicate their values about sex to their children? ---Do you think the children in the films are better able to make decisions about their own sexual behavior because their parents communicated openly with them? Why or why not?	Films: A Family Talks about Sex. E. C. Brown Foundation. (Available from Planned Parenthood Media Center or Iowa Films, S-57524.) Loving Parents. Texture Films. (Available Planned Parenthood Media Center.)
2.3 Have students sit in a circle. Present the following case situation for discussion: ---Mary and John were divorced last year after 18 years of marriage. They have three daughters, ages 11, 13, and 15. Mary has a new lover, Tom. Tom moved in with Mary and her daughters. John is suing for custody of their children because he claims that Mary's relationship with Tom will encourage their daughters to develop liberal attitudes toward nonmarital sex. Go around the circle asking the first student to give a reason supporting Mary's retaining custody, the second a reason for her losing custody. Continue around the circle in this fashion. Help students draw conclusions about how family experiences influence sexual values and behaviors of children.	

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe how family communication patterns influence sexual values and behaviors.	3. A lack of effective communication skills by parents may hamper the children's sex education.
	4. Children who are unable to communicate with family members about sexuality may develop false ideas.

Learning Activities	Resources
3.1 Divide class into small groups. Give each group a role-playing situation where parent(s) and child(ren) are communicating about sex. Have each group role play their situation using ineffective communication techniques. Discuss the components of effective communication that were missing. Have the group repeat the role play using effective communication techniques. Discuss the importance of communication skills by parents when teaching their children about sex. Example role play situations: ---A 3-year-old asking how he/she got into Mommy's stomach ---An 8-year-old asking what happens when girls menstruate ---A 12-year-old asking what VD is ---A teenager asking if sexual intercourse is painful	Gordon, S., & Dickman, J. R. Sex Education: The Parents' Role. 1977.
3.2 Have the students write a short essay on "How I will provide sex education for my child(ren) when I am a parent."	
4.1 Have students brainstorm false ideas or myths that many people have about sexuality. Record their responses on a transparency. Discuss: ---Where might individuals have learned this false information? ---Why don't children always ask their parents questions they have about sexuality? ---What could happen as a result of these false ideas? (cont.)	"Sexual Myths." Current Health 2 and Current Life-Studies. November 1979. Pp. 1-4.

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---describe how family communication patterns influence sexual values and behaviors.	4. Children who are unable to communicate with family members about sexuality may develop false ideas. (Cont.)
---explain how the sexual values and behavior of teenagers are influenced by peers.	1. The peer group plays a significant role in determining what sexual values, attitudes and behaviors are important to the individual teenager.

Learning Activities	Resources
---How can parents help their children feel free to come to them with questions about sexuality? ---If children can't talk to their parents, where else can they go for accurate information?	
1.1 Have students list three things they have done or value where their peers influenced them and three things not influenced by their peers. Examples of peer-influenced activities are drinking alcohol or smoking pot; a possible nonpeer-influenced activity is attending church. Ask students to share their responses. Record responses on chalkboard or transparency. Discuss: ---What are the major categories into which these behaviors can be placed? ---What are some similarities and differences between peer-influenced and nonpeer-influenced behaviors? ---Why are some behaviors more susceptible to peer influence than others? ---What other people influence your behavior? Encourage students to discuss dating and related behaviors.	
1.2 Brainstorm lines that boys and girls use to try to get someone to have sex. For example: ---Want to play duets in my room? ---Is there something wrong with me? ---But every other girl/boy I've gone out with has said yes. ---I'll still respect you tomorrow. ---Don't I turn you on?	Gordon, S. You Would if You Loved Me. 1978.

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---explain how the sexual values and behavior of teenagers are influenced by peers.	1. The peer group plays a significant role in determining what sexual values, attitudes, and behaviors are important to the individual teenager. (Cont.)
	2. Among teenagers, sexual activity often reflects emotional involvement with another individual.

Learning Activities	Resources
---You don't know what you're missing. ---Don't you find me attractive? ---You really know how to hurt a guy/gal. ---We'll only do it this one time. Discuss whether or not the lines listed are used by one or by both sexes. Which lines will be most successful and why? Have class suggest answers or comebacks to these lines.	
2.1 Complete the questionnaire "Why Teens Have Sex" (Appendix B-2). You may wish to add other items to the questionnaire. Have students share their top three reasons. Tally to see what the total class sees as the most important reasons teens have sex. Encourage students to share reasons besides those on the questionnaire.	Kelly, G. F. Learning about Sex. 1977. Why Teens Have Sex. Appendix B-2.
2.2 ☐ Have students volunteer to bring in current records about sex and love. Play selected songs and analyze the type of emotional involvement reflected by the song. Discuss whether or not they feel the reasons given in the songs are "good enough" to justify sexual activity.	
2.3 Assign students to read about the different levels/stages of love or show the filmstrips "About Love: Beginnings" and "Should You...Shouldn't You..and When?" Discuss the characteristics of each stage and decisions individuals need to make about sexual activity when they are emotionally involved.	Filmstrip Set: About Love. Warren Schloat Productions.

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---explain how the sexual values and behavior of teenagers are influenced by peers.	3. Many teenagers today learn information about human reproduction and sexual behavior from their peers.
	4. Teenagers often wrongly associate the nature and quality of sexual behavior with mind alterants such as drugs and alcohol.

Learning Activities	Resources
3.1 Ask the class where or from whom they obtained information on human reproduction and sexual behavior. Possible answers are mother, father, grandmother, grandfather, brother, sister, other relatives, friend of same sex, friend of opposite sex, doctor, teacher, church, television, books, magazines, movies, etc. Discuss the kinds and quality of the information received from various sources. How does the setting influence the kind and quality of information? For example, information learned in locker rooms or at slumber parties.	
3.2 Have the class develop a survey instrument to determine where, from whom, and at what age others have learned about sexuality. Divide the class into five groups and assign each group one of the age ranges listed below: ---junior high age ---high school age ---young adults (19-30) ---adults (30-55) ---older adults (55 and older) Ask each person to administer the survey to five persons in the age range their group has been assigned. Provide time for groups to summarize their findings and report to class. Draw conclusions about similarities and differences of sources of information by age. Also reinforce how teaching your children about sexuality is a parental responsibility.	
4.1 Have students complete the quiz on "Drugs, Alcohol, and Sex" (Appendix B-3). Go through the test discussing facts and fallacies about the relationships among drugs, alcohol, and sex.	Comfort, A., & Comfort, J. The Facts of Love. 1979. McCary, J. L. McCary's Human Sexuality. 1978. Pp. 163-66.

(cont.)

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---explain how the sexual values and behavior of teenagers are influenced by peers.	4. Teenagers often wrongly associate the nature and quality of sexual behavior with mind alterants such as drugs and alcohol. (Cont.)
	5. Many teenagers are pressured by the need to be liked by their peers, and the fear associated with not complying to sexual demands.
	6. Experimentation with heterosexuality/ homosexuality as a teenager does not mean a lifetime choice in sexual orientation.

Learning Activities	Resources
	Drugs, Alcohol, and Sex. Appendix B-3.
5.1 Use the pamphlet Teensex? It's Okay to Say No Way as a basis for discussing peer pressure on teenagers to become sexually active: ---How do you know what's right for you? ---What are some ways to say no? ---How will your saying no affect your life now? in the future? ---Where or who can you go to for help?	Teensex? It's Okay to Say No Way. Planned Parenthood. 1978.
5.2 Show the film Are You Ready for Sex? or the filmstrip series Everything But... Discuss. ---How do peers influence decision making about sexual behaviors? ---What other factors or pressures are present that influence these decisions? ---Why is it important to examine the possible consequences of one's decision?	Film: Are You Ready for Sex? Perennial Education Inc. (Available from Planned Parenthood Media Center.) Filmstrip Set: Everything But... Guidance Associates.
6.1 Show the film Early Homosexual Fears. Discuss: ---How did the individuals in the film react to their same sex feelings during early adolescence? ---What decisions regarding sexual orientation did they make as they matured? ---What conclusions can be made about experimentation with homosexuality during early adolescence?	Film: Early Homosexual Fears. Little Red Filmhouse. (Available from Planned Parenthood Media Center.) Homosexuality. Study Guide No. 2. SIECUS. 1976.

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---explain how the sexual values and behavior of teenagers are influenced by peers.	6. Experimentation with heterosexuality/ homosexuality as a teenager does not mean a lifetime choice in sexual orientation. (Cont.)
---recognize that teenagers can choose from a variety of sexual behaviors.	1. The sex drive, a basic drive to experience sexual pleasure, is a natural force.

Learning Activities	Resources
6.2 Have students read and react to the following case study: Ray and Jean were married one year after they graduated from high school. Ray is a plumber and Jean a homemaker. They have two children; Anna, 3, and Seth, 1 1/2. Ray has just asked Jean for a divorce because he is in love with Bill, a male friend. Ask students to respond to the following questions: ---How would you feel if you were Jean? ---Why is Ray now ready to admit his sexual orientation when he wasn't earlier?	
1.1 Have students read "Sex and Sexuality" or another reference that talks about the increase in sex drive and concern about sex and sexuality during adolescence. Have class discuss reasons why sexual feelings (sex drive) emerge during adolescence. List answers on the chalkboard. Summarize by pointing out that these feelings are natural and shared by everyone.	"Sex and Sexuality." Current Health 2 and Current Lifestudies. March 1979. Pp. 1-4. Gordon, S. Facts about Sex. 1979.
1.2 Review Maslow's hierarchy of needs. Discuss the sex drive as a human need and whether it is instirctive or learned. Divide the class and assign each group a different lifestyle. Suggested lifestyles are: ---mentally handicapped ---imprisonment ---physically handicapped ---divorced man or woman ---widowed individual (cont.)	

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---recognize that teenagers can choose from a variety of sexual behaviors.	1. The sex drive, a basic drive to experience sexual pleasure, is a natural force.
	2. The entire human body including the mind and senses has the potential for giving and receiving sexual fulfillment and pleasure.
	3. Individuals vary in terms of sexual arousal.
	4. Kissing, petting, intercourse, and masturbation are forms of physical sexual behavior.

Learning Activities	Resources
Have the groups discuss the relative importance of the sex drive for their lifestyle and suggest alternatives other than intercourse to fulfill the sex drive.	
2.1 - 3.1 Ask students to write a one sentence description of sexual arousal, i.e., "turned on," for men and a one sentence description for women. Encourage students to share their descriptions and to come up with a common description for each sex. Identify similarities and differences in the two descriptions.	Read, D. Healthy Sexuality. 1979. Chapter 7.
2.2 - 3.2 Have the students fold a sheet of paper in half. Label one side "Male Turn-Ons" and the other "Female Turn-Ons." List five things on each side that act as a turn on. Examples might be: books, pictures, movies, music, clothing, hugging, kissing, talking, fantasizing Identify whether the mind or the other senses played a part in each "turn-on." Discuss similarities and differences between men and women in terms of "turn-ons." Are the differences due to psychological differences or socialization? Discuss why individuals differ in their sexual arousal.	
4.1 Use the diagram "Physical Sexual Behavior Levels" in Appendix B-4 to depict the progression of physical sexual behavior from least intimate to most intimate.	Physical Sexual Behavior Levels. Appendix B-4.

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---recognize that teenagers can choose from a variety of sexual behaviors.	4. Kissing, petting, intercourse, and masturbation are forms of physical sexual behavior. (Cont.)
	5. There is no one definitive description of what is "normal" sexual behavior, since sexual practices and ethics vary widely within and among cultures.

Learning Activities	Resources
Help students think about the level of physical sexual behavior that should occur in the following relationships: ---casual friends of same sex ---student and teacher of opposite sex ---junior high girl and boy casually dating ---father and daughter ---seniors who have been going together for a year ---an engaged couple ---good friends of opposite sex ---a male and a female colleague ---roommates Discuss the reasons for these choices--the special meaning of each level of physical sexual behavior, individual values and background, and cultural differences.	
4.2 Distribute the rating scale "What's Right for Teens" (Appendix B-5). Ask students to rate the behaviors as acceptable or unacceptable for teenagers. Do not have students put their names on their papers. Collect their responses, tally them, and place results on chalkboard or transparency. Discuss why they rated each behavior the way they did. Use this as a tool for clarifying misconceptions about sexual behaviors such as masturbation and homosexuality.	What's Right for Teens. Appendix B-5. Masturbation. Study Guide No. 3. SIECUS. 1976.
5.1 Have the students look up definitions for the following sexual behaviors in a dictionary or textbook: abstinence adultery bestiality celibacy cunnilingus exhibitionism masochism narcissism nocturnal emission nymphomania promiscuity rape	McCary, J. McCary's Human Sexuality. 1978. Riker, A. P. & Riker, C. Finding My Way. 1979. Chapter 13.

(cont.)

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---recognize that teenagers can choose from a variety of sexual behaviors.	5. There is no one definitive description of what is "normal" sexual behavior, since sexual practices and ethics vary widely within and among cultures. (Cont.)
	6. Decisions about sexual behavior involve consideration of personal values, family, peers, and culture.

Learning Activities	Resources
fornication fellatio incest masturbation sadism sodomy transvestism voyeurism Have students categorize each sexual behavior above as A - "abnormal" or as N - "normal" and turn in their ratings without signing their names. Tally the ratings and share with class. Lead discussion on differences in individuals' perceptions of "normal" sexual behavior and factors that influence these perceptions.	
5.2 Ask each student to write down three rules they use in deciding what is "normal" sexual behavior between consenting adults. Have students share these rules. As a class develop a set of standards that can be used to determine whether a sexual behavior is normal or not. Include such things as: ---not harmful to either partner ---carried out by consenting adults ---no threats or force are used ---takes place out of sight of unwilling observers	
6.1 Show film Teen Sexuality: What's Right for You. Have students role play some of the following situations: ---Billy and Sally discussing whether or not to have sex ---Billy telling his parents Sally and he are involved sexually ---Sally telling her parents she may be pregnant ---Sally's friends trying to help her with this problem ---Billy's friends trying to help him with this problem (cont.)	Film: Teen Sexuality: What's Right for You. Perennial Education, Inc. (Available from Planned Parenthood Media Center.)

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---recognize that teenagers can choose from a variety of sexual behaviors.	6. Decisions about sexual behavior involve consideration of personal values, family, peers, and culture. (Cont.)
	7. Individuals who have achieved a sense of self-identity and independence are better able to make responsible decisions about whether to become sexually active.

Learning Activities	Resources
Help students draw conclusions about whom one considers when making decisions about sexual behavior. Discuss possible consequences of the trust relationship(s) between these individuals.	
6.2 Assign students to read the letter from Mrs. Rita Williams found in Two Called Together, or another letter from a parent to a child on premarital sexual behavior. The letter should emphasize that responsibility for oneself is not enough; a mature individual takes responsibility for others. Have students write a reply to the letter.	Gerl, G., & Lane, G. Two Called Together. 1978. P. 40.
7.1 Have students complete the "I Am" questionnaire (Appendix B-6). Have them complete the questionnaire a second time using a different colored pen or pencil. Ask them to indicate how "I Would Like to Be." Ask them to write a one sentence summary of their "I Am" responses and a one sentence summary of their "I Would Like to Be" responses. Have them identify one or two areas they would like to change and ways they can make these changes. Have students identify the characteristics on the questionnaire an individual should possess in order to make responsible decisions about sexual activity. Review reasons why teenagers become sexually active and whether or not they might possess the characteristics involved. Review the decision-making process one should follow in making this decision. Help them to conclude that knowledge and liking oneself is important in being able to make responsible decisions about sexual behavior.	I Am. Appendix B-6.

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---recognize that a mature sexual relationship is the most intimate of all interpersonal relationships.	1. People engage in sexual relationships to express love, for pleasure, and to have children.
	2. The quality of satisfaction in an intimate sexual relationship is closely related to the meeting of each other's needs.

Learning Activities	Resources
1.1 Divide students into five groups. Give each group a piece of newsprint and a marker. Ask group 1 to list five reasons why teenage boys have sex; group 2, five reasons why teenage girls have sex; group 3, five reasons why a young married couple has sex; group 4, five reasons why a couple the age of their parents has sex; and group 5, five reasons why a couple in their sixties or seventies has sex. Allow time for thought and discussion. Have each group tape their newsprint to the chalkboard and share their reasons. Discuss the similarities and differences among the different groups. Point out common stereotypes and misconceptions.	Comfort, A., & Comfort, J. The Facts of Love. 1979. Pp. 57-60, 89-96, 102-03. Riker, A. P., & Riker, C. Finding My Way. 1979. Chapter 1.
1.2 Have each class member write a paragraph on what teenage girls expect "I love you" to mean. Ask them to write on another sheet of paper what teenage boys mean when they say "I love you." Collect the papers and read representative paragraphs. Discuss similarities and/or differences between the sexes. Relate this to the major reasons teenage boys and girls have sexual relations, to express love and for pleasure.	
2.1 Compare the quality of the sexual relationships for both individuals involved in each of the following situations: ---rape ---intercourse on a first date ---intercourse between a young married couple ---intercourse between individuals in a committed relationship ---intercourse between an elderly couple Discuss whether or not and how each partner's needs are being fulfilled in each situation.	Blum, J. Wifey. 1978.

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the kinds of responsibilities associated with a mature sexual relationship.	1. A sexually active individual involved in a mature relationship will obtain factual, objective information on human reproduction and birth control.

Learning Activities	Resources
1.1 Show filmstrip "Making Sexual Decisions." 5.1 Following the filmstrip, divide class into buzz groups and have each group answer one or more of the following questions: ---What factors did the couples consider when deciding on the kind of sexual relationship they wanted? ---Why do you feel so many teens feel sex should be spontaneous, not planned? Are they being honest with themselves? ---Whose responsibility is it in a relationship to start the conversation about contraception? ---How would teens in your area find out about birth control services and counseling? ---If a couple is sexually active, who is responsible for birth control? ---Who is affected by an individual's decision to be sexually active? ---What would be your reaction if your partner told you he/she had VD? ---What are the responsibilities of both partners where VD is concerned? ---Why is it important to be honest with oneself and one's partner in a sexual behavior? Have groups report back to class. Get other class members' reactions to the group reports. Ask students to write down one important thing they learned from the lesson.	Filmstrip #2: Sexual Values: A Matter of Responsibility. Sunburst Communications.
1.2 Brainstorm reasons why teens do not use birth control. Have each class member survey three other teens on this question. Share findings and summarize major reasons for not using contraception. Discuss: ---Which reasons, if any, are good reasons? (cont.)	

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the kinds of responsibilities associated with a mature sexual relationship.	1. A sexually active individual involved in a mature relationship will obtain factual, objective information on human reproduction and birth control. (Cont.)
	2. Nonpermanent contraceptive methods include the pill, intrauterine devices, diaphragms, condoms, vaginal suppositories, and periodic abstinence.

Learning Activities	Resources
---Do they reflect an acceptance of or denial of responsibility when engaging in intercourse? ---What other sexual behaviors are open to teens? ---Is "not having sex" a viable birth control method? ---How do these behaviors reflect accepting or denying responsibility for your actions?	
1.3 ● Show the film Taking Chances. Review reasons teens give for not using birth control: ---ignorance ---don't think they can get pregnant ---don't know where to go ---afraid of side effects ---expensive ---don't plan to have sex ---afraid others will think they're loose Encourage students to add to list. Develop role play situations based upon these reasons. Have students do role playing. Discuss the importance of communication with and responsibility to your partner when sexually active.	Film: Taking Chances. Mobius Productions. (Available from Planned Parenthood Media Center.)
2.2 ● Develop a resource packet on contraceptive methods. Divide class into six groups. Assign each group a different contraceptive method. Have each group answer the following: ---What is it? ---What does it do? ---How well does it work? ---What are its advantages?	Birth Control Lesson Plan. Planned Parenthood of Iowa. 1979. Facts about Methods of Contraception. Planned Parenthood of Iowa. 1979. Ways to Chart Your Fertility Pattern. Planned Parenthood. 1977.

(cont.)

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the kinds of responsibilities associated with a mature sexual relationship.	2. Nonpermanent contraceptive methods include the pill, intrauterine devices, diaphragms, condoms, vaginal suppositories, and periodic abstinence. (Cont.)
	3. Human sexuality and sexual behavior have significant implications both for the individual and society.

Learning Activities	Resources
---How is it used? ---What are some possible problems? Have each group report their findings to the class and record their answers on a chart that is on a bulletin board or chalkboard. Help students draw conclusions about the various contraceptive methods. Which would they choose if they were sexually active now? When married? Why?	Michlewitz, H. Birth Control. 1979. Sasse, C. "Annotated Bibliography on Birth Control." Illinois Teacher. Sept.-Oct. 1973. Pp. 58-62.
3.2 ☐ Place a time line on a bulletin board representing the 20th century. Title the bulletin board "Changing Sexual Values." Divide students into four groups and assign each group a time period: 1900-1920, 1920-1940, 1940-1960, 1960-1980. Have each group research what sexual values and behaviors were considered acceptable and taboo during the period. This can be accomplished through reading fiction and nonfiction about the period, interviewing persons in different age groups about the period, and viewing movies or television that reflect the time. Have each group report to the class and develop a collage representing the sexual values and behaviors for the time line on the bulletin board. Discuss the changes during the last 80 years, reasons why these changes have occurred, and implications for individuals in today's society.	
3.3 Place the following situations on separate note cards. Divide class into groups and have each group draw a card. Have groups research their situation and develop a handout for the rest of the class. The handout should point out implications of the situation for the individual(s) and for society. Suggested situations are: (cont.)	Dolloff, P., & Resnick, D. Patterns of Life: Human Growth and Development. 1972. Chapter 8.

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the kinds of responsibilities associated with a mature sexual relationship.	3. Human sexuality and sexual behavior have significant implications both for the individual and society. (Cont.)
	4. Sexually active individuals are responsible for recognizing, seeking treatment, and avoiding sexually transmitted diseases, including venereal diseases.

Learning Activities	Resources
---unmarried teenagers keeping their children ---sperm banks ---artificial insemination ---test tube babies ---legalized prostitution ---surrogate mothers	
4.2 Present introduction about venereal disease in Iowa: One in ten Iowa high school students will be infected by venereal disease. Many times when VD is mentioned some individuals feel it is funny or difficult to discuss. Anyone who is sexually intimate is a risk, the disease respects no one. It is an Iowa law that all students receive some venereal disease education. This is one reason we're going to discuss it today. We're in the middle of a VD epidemic that is hitting people under 25 the hardest. Show film V.D., Why Do We Still Have It? or V.D.: Old Bugs, New Problems. Discuss syphilis and gonorrhea. Summarize on the chalkboard the cause, symptoms, transmission, treatment, and effects without treatment. On a transparency list the other sexually transmitted diseases: genital herpes, venereal warts, trichomoniasis, moniliasis, nonspecific vaginitis, and crabs. Present the cause, symptoms, transmission, treatment, and effects without treatment. or Have students read about these diseases and complete the worksheet "Sexually Transmitted Diseases" (Appendix B-7) (cont.)	Riker, A. P., & Riker, C. Finding My Way. 1979. Chapter 11. Sexually Transmitted Diseases. Appendix B-7. Gordon, S., & Conant, R. V.D. Claptrap. 1979. Saltman, J. V.D.-Epidemic among Teenagers. 1974. Sexually Shared Infections. Planned Parenthood. 1979. Film: V.D., Why Do We Still Have It? Perennial Education, Inc. (Available Planned Parenthood Media Center.) Film: V.D.: Old Bugs, New Problems. Alfred Higgins Productions.

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the kinds of responsibilities associated with a mature sexual relationship.	4. Sexually active individuals are responsible for recognizing, seeking treatment, and avoiding sexually transmitted diseases, including venereal diseases. (Cont.)
	5. Involvement in a sexual relationship carries with it a responsibility to be honest with oneself and one's partner about feelings.

Learning Activities	Resources

Discuss:

---How can sexually transmitted diseases be avoided?
---What responsibilities do sexually active individuals have in this area?

5.1 Have students read and react to the following situation. Use the questions following the situation as a guide for the discussion.

Situation

Frank and Bev have been going together for six months. Here is a talk they had recently about sex.

Bev: "You're all over me whenever we're alone."
Frank: (sarcastically) "Don't tell me you don't like it."
Bev: "Is that supposed to mean I'm easy?"
Frank: "Everybody else is doing it. Why shouldn't we?"
Bev: "Is that all I am? Someone to brag about to your friends?"
Frank: "You must not know me very well."
Bev: "No, I guess I don't anymore. Everything's changed since we started having sex."

---Did the couple have a problem with their relationship?
---Were both individuals aware of their own feelings?
---Aware of the other's feelings?
---How committed were they to the relationship?
---How would being honest and open with each other have helped?

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behaviors during adolescence.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the kinds of responsibilities associated with a mature sexual relationship.	6. In a mature sexual relationship the decision to parent is a conscious decision made by both partners. (See The Decision to Parent.)

Learning Activities	Resources
6.1 Invite a panel of parents and nonparents to discuss factors they considered before deciding to have or not have children. Have each student write a question to ask the panel members. Encourage them to write questions based on various components of the decision to parent found in The Decision to Parent. ---reasons for having children (emotional, spiritual, social, physical, mental, economic) ---satisfactions anticipated ---sacrifices involved ---parent education ---possibility of inheritable diseases ---role models ---societal conditions (overpopulation, inflation, divorce, child abuse, crime)	Schultz, J., et al. The Decision to Parent. 1980.

MAJOR COMPETENCY C

The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies:

	Page
The student can---	
---explain the meaning of conception.	134
---describe the common signs of pregnancy that should prompt a woman to obtain verification.	142
---describe the progress of prenatal development of the ovule, embryonic, and fetal stages.	144
---outline the choices that may be considered upon confirmation of pregnancy.	146
---discuss the factors involved in maintaining the health of expectant parents and their fetuses.	154
---analyze the types of preparation expectant parents may need to complete before childbirth.	170
---describe the process of childbirth.	174

● All activities in this major competency may be sensitive.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---explain the meaning of conception.	1. Both necking and petting are physical contacts that have the effect of arousing and exciting the partners and preparing both bodies for sexual intercourse.
	2. When a man's body and mind are stimulated and ready for sexual intercourse, the penis becomes erect.
	3. When a woman's body and mind are stimulated and ready for intercourse, there is enlargement of the breasts and vagina, erection of nipples and clitoris, and lubrication of the vagina.

Learning Activities	Resources
1.1 Write the terms "necking" and "petting" on the chalkboard or the term "making out." Distribute plain cards to students. Write on the cards the thoughts these terms bring to mind, one thought per card. Thoughts might include: ---pleasure ---excitement ---you should not feel this way ---stop before you go too far ---what are you doing ---fantastic ---mom would kill me if she knew ---how romantic Collect cards and pin up on a display board. Invite students to categorize the thoughts, e.g., positive vs. negative, pleasurable vs. anxious. Ask students to think about whether their thoughts were predominantly positive or negative. Share the idea that by getting in touch with one's sexuality and understanding it, one will not have to be afraid of one's own sexual feelings. Invite students to think about this idea as they proceed through the program.	
2.1 - 3.1 Lead class in discussion of the body changes that occur as a result of sexual arousal--getting "turned on." Include review of the following: a. What parts of the body in men and women are related to human sexual function? (Major Competency A, Pp. 30-39.) b. What changes occur in the body of a man and a woman as a result of sexual arousal (excitement)? (Appendix C-1) (cont.)	Comfort, A. E., & Comfort, J. The Facts of Love. 1979. Pp. 45-47. Gordon, S. Facts about Sex for Today's Youth. 1979. Kaplan, H. S. Making Sense of Sex. The New Facts about Love and Sex for Young People. 1979.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---explain the meaning of conception.	2. When a man's body and mind are stimulated and ready for sexual intercourse, the penis becomes erect. (Cont.)
	3. When a woman's body and mind are stimulated and ready for intercourse, there is enlargement of the breasts and vagina, erection of nipples and clitoris, and lubrication of the vagina. (Cont.)
	4. Intercourse, coitus, is the sexual union of a male and a female, in which the penis is inserted into the vagina.

Learning Activities	Resources
c. In what ways can the human brain be made to register the message of being "turned on?" Stimuli for sexual arousal might include surroundings, presence of sexual partner, erotic material, smell, touch, light, and sound. Examples: candlelight dinner for two, a comfortable sofa in front of an open fire, perfume, magazines with sexually explicit photographs of the human form. (Major Competency B, P. 111.)	Riker, A. P., & Riker, C. Finding My Way. 1979. Pp. 29-30. The Boston Women's Health Book Collective. Our Bodies, Ourselves. 1976. Pp. 44-47. Zarabedian, T. Sex and Birth Control for Men. 1975. P. 7.
d. How do one's personal values, feelings for one's partner, family, and society influence one's decisions about sexual behavior? (Major Competency B, Pp. 92-107.)	Sexual Arousal in Women and Men. Appendix C-1.
4.1 Ask students to read from references listed. Show transparency, "Fertilization" (Appendix C-2), to explain the meaning of intercourse. Discuss relevant questions found in the question box. Ask students to suggest a definition for intercourse, and give another scientific name for intercourse, including its spelling.	Fertilization. Appendix C-2. Comfort, A. E., & Comfort, J. The Facts of Love. 1979. Pp. 54-55. Demarest, R., & Sciarra, J. Conception, Birth and Contraception. 1969. Pp. 42-45. Gordon, S. Facts about Sex. 1979. Pp. 6-9. Transparencies: Conception, Prenatal Development, and Birth. 3-M Company. Kaplan, H. S. Making Sense of Sex. The New Facts About Love and Sex for Young People. 1979. Koschnick, K. Having a Baby. 1975. Pp. 5-10.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---explain the meaning of conception.	5. Mutual sexual fulfillment and pleasure via intercourse are more likely when a couple understands differences in the female and male sexual response cycles.
	6. For males and females orgasm represents the peak of sexual excitement and is a pleasurable experience.
	7. Male orgasm is accompanied by ejaculation of semen from the penis.
	8. A woman may have more than one orgasm during sexual intercourse, or none at all.
	9. Orgasm or climax is normally followed by a feeling of relaxation, and both partners may feel satisfied.

Learning Activities	Resources
5.1 Prepare an overhead transparency showing - male and female sexual response cycles 9.1 (Appendix C-3,a,b). Masters and Johnson's arbitrary four-part division of the sexual response cycle are: ---excitement ---plateau ---orgasm ---resolution Assign students a choice of references to read. Present a summary description of the female and male sexual response cycles via the transparency. Introduce discussion aimed at clarifying ideas from the reading assignment.	Male & Female Sexual Response Cycles. Appendix C-3,a,b. Kaplan, H. S. Making Sense of Sex. 1979. Riker, A. P., & Riker, C. Finding My Way. 1979. Characteristics of Male and Female Sexual Responses. Study Guide #4. SIECUS. 1976. The Boston Women's Health Collective. Our Body, Ourselves. 1976. Pp. 45-47.
5.2 Lead a discussion on characteristics of couples who have a mutually fulfilling intimate sexual relationship. Suggested characteristics include: ---psychological maturity ---commitment to the relationship ---shared trust and respect ---patience (such a relationship takes time to develop) ---positive self-concept ---self-knowledge ---sensitivity toward partner (congruence) ---ability to communicate about their needs with the other ---recognition that coitus is not the only means to sexual fulfillment and pleasure Invite students to share their ideas.	

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---explain the meaning of conception.	10. Fertilization occurs when a mature ovum in the Fallopian tubes is united with one or more of the sperm.
	11. Conception can occur anytime a couple has intercourse since no birth control method is 100 percent effective.

Learning Activities	Resources
10.1 Show the film, Miracle of Life, or a similar film depicting human conception. Assign students to complete the worksheet "Conception" (Appendix C-4). Allow time for sharing of results and for students to ask questions. Review barrier methods of birth control (Major Competency B), and how they work to prevent sperm entering the woman's cervical opening. Suggest the resources to students for follow-up reading.	Conception. Appendix C-4. Annis, L. F. The Child before Birth. 1978. Pp. 18-25. Comfort, A. E., & Comfort, J. The Facts of Love. 1979. Pp. 64-66. Kelly, G. F. Learning about Sex. 1977. Pp. 141-47. Riker, A. P., & Riker, C. Finding My Way. 1979. Pp. 129-32.
11.1 Assign a resource for students to read. ■ Have students complete the test, "A Woman ○ Cannot Get Pregnant If..." (Appendix C-5.) Discuss each item to clarify fallacies about conception and birth control. For items where the correct response is "Depends," explain the circumstances that pertain. Invite students to ask questions. Summarize in terms of the generalization.	A Woman Cannot Get Pregnant If.... Appendix C-5. Block, M. "Contraception. What Are the Choices." Forecast. March 1973. Contraception: Comparing the Options. HEW Pub. No. (FDA)78-3069. 1978. Gordon, S., & Conant, R. Protect Yourself from Becoming an Unwanted Parent. 1979. Zarabedian, T. Sex and Birth Control for Men. 1975. Pp. 14-19.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---describe the common signs of pregnancy that should prompt a woman to obtain verification.	1. Common signs of pregnancy are a missed menstrual period, nausea, vomiting, breast tenderness, frequent urination, and tiredness; a pregnancy test is advisable since none of these signs always means pregnancy.
	2. A visit to a doctor or family planning clinic is advisable as soon as a woman suspects she is pregnant.
	3. Verifying a pregnancy involves a laboratory test of a woman's urine or blood sample, and a pelvic examination by a trained person.

Learning Activities	Resources
1.1 ■ ○ Ask students "What are the common signs of pregnancy?" Invite students to share ideas and write them on the chalkboard. Then assign the resources for students to read. Lead class discussion of findings, including reference to the original ideas on the chalkboard.	Am I Pregnant? National Foundation--March of Dimes. 1978. Days of Change. National Foundation--March of Dimes. 1978. Kelly, G. F. Learning about Sex. 1977. Pp. 147-48. McCoy, K., & Wibbelsman, C. The Teenage Body Book. 1978. P. 190. Riker, A. P., & Riker, C. Finding My Way. 1979. P. 132.
2.1 □ ■ ○ Divide class into two groups. Assign each group to investigate one question. Brainstorm with the class to identify possible community resources that might be helpful. The questions are: ---Where can a woman living in this area go to have a pregnancy test if she suspects she might be pregnant? ---What are a teenage girl's rights concerning access to pregnancy testing, privacy, and cost? Allow time for reporting of the investigation results.	Irwin, T. The Rights of Teenagers as Patients. Public Affairs Pamphlet #480. 1972.
3.1 Assign students to read the resource on pregnancy test procedures, and the information sheet, "Do-it-yourself Pregnancy Tests" (Appendix C-6). Discuss: ---types of pregnancy tests available (cont.)	Riker, A. P., & Riker C. Finding My Way. 1979. P. 133. Do-it-yourself Pregnancy Tests. Appendix C-6.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---describe the common signs of pregnancy that should prompt a woman to obtain verification.	3. Verifying a pregnancy involves a laboratory test of a woman's urine or blood sample and a pelvic examination by a trained person. (Cont.)
---describe the progress of prenatal development of the ovule, embryonic, and fetal stages.	1. Pregnancy is the condition of having a developing embryo or fetus in a woman's body for the period from conception to birth or abortion (spontaneous or induced).

Learning Activities	Resources
---factors that may contribute to inaccurate results ---importance of a pelvic examination by a trained person ---how possible birth dates are calculated ---value of woman maintaining a calendar record of her menstrual cycles (show how)	
3.2 Discuss possible circumstances in which a woman might choose to use a "do-it-yourself" pregnancy test kit in preference to first going to a clinic or doctor. Examples are: ---A woman is anxious to know if she is pregnant. It is Christmas vacation and the free clinic is closed. She cannot get a doctor's appointment until next week. ---A woman lives on a farm. She has access to a drugstore a few miles away, but a visit to the doctor means a 60-mile round trip. She decides to get a kit for a preliminary check of her suspected condition. List on chalkboard reasons for using a "do-it-yourself" pregnancy kit in these instances. Summarize.	
1.1 - 3.1 ■ ○ Divide the class into nine groups, each representing one of the months of pregnancy. Distribute a selected bibliography of school library and community resources. Have each group report on the growth of the embryo during one month. Encourage students to support their presentations with overhead transparencies, clear book illustrations, and perhaps models.	Brisbane, H. The Developing Child. 1980. Chapter 4.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---describe the progress of prenatal development of the ovule, embryonic, and fetal stages.	2. Prenatal development follows a predictable pattern of three distinct stages: fertilized ovum, embryo, and fetus.
	3. The normal physical development that occurs during the nine months before birth comprises the establishment of all the organs, body systems, and structures essential for human life, and is more rapid than at any other time after birth.
---outline the choices that may be considered upon confirmation of pregnancy.	1. Expectant parent(s) in the early stages of an unplanned pregnancy may want to make a choice between continuing with the pregnancy and keeping the baby, continuing with the pregnancy and giving the baby to another family either temporarily or permanently, or terminating the pregnancy at a medical facility.

Learning Activities	Resources
1.2 - 3.2 ◯ Use the transparencies from the Human Reproduction and Development kit to present an explanation of prenatal development. Allow students to examine the life-size models from the kit, and to ask questions.	Kit: Human Reproduction and Development. Nasco.
2.3 - 3.3 ◯ Distribute the worksheet "Prenatal Development" (Appendix C-7). Show the filmstrips "Life before Birth" or the film, When Life Begins. Have on display the chart, How Baby Grows. Ask students to write a summary of prenatal development using the worksheet as a guide. Allow time for class discussion. Summarize in terms of how this period of development differs from development after birth.	Prenatal Development. Appendix C-7. Filmstrips: Life before Birth. Time-Life. (Available Planned Parenthood Media Center.) Film: When Life Begins. McGraw-Hill. (Available Planned Parenthood Media Center.)
2.4 ■ ◯ Show the chart, How Baby Grows, to illustrate a simple explanation of pregnancy. Write the terms "spontaneous abortion" and "induced abortion" on the chalkboard. Explain the meanings of these terms. Invite questions from students.	How Baby Grows. National Foundation--March of Dimes.
1.1 Show the film Teenage Father. Have students work in small groups to determine: ---What options were available to the couple? ---What decision did the couple make? ---What factors contributed to the couple's making this particular decision?	Film: Teenage Father Children's Film Society of California. (Available March of Dimes and Planned Parenthood Media Center.)
1.2 Divide the class into small groups. Ask each group to consider the following case studies, and then discuss the issues raised:	McCoy, K., & Wibbelsman, C. The Teenage Body Book. 1978. Pp. 192-96.

(cont.)

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---outline the choices that may be considered upon confirmation of pregnancy.	1. Expectant parent(s) in the early stages of an unplanned pregnancy may want to make a choice between continuing with the pregnancy and keeping the baby, continuing with the pregnancy and giving the baby to another family either temporarily or permanently, or terminating the pregnancy at a medical facility. (Cont.)

Learning Activities	Resources
Case 1 ---Mary is a sophomore and Jim a junior in high school. They have been dating for five months. Mary has informed Jim that she is pregnant, having received a positive pregnancy test and pelvic examination at the clinic. As yet, they haven't told either set of parents. Mary knows she is about six weeks into the first trimester of pregnancy. Case 2 ---Lisa and Tom were childhood sweethearts who married and commenced farming together at 18. After ten years of trying unsuccessfully to have children, the couple adopted two boys now aged 2 and 4. They live very modestly. Both Lisa and Tom have had to take part time jobs in town to supplement their income from farming. Lisa's doctor has just confirmed that she is pregnant. Imagine yourself in Mary and Jim's, and Lisa and Tom's situations while living in your area: ---What are the choices the couples may consider? ---Where can they go to obtain confidential information about the choices? ---What factors would be likely to influence their decision? Have one student per group act as a reporter to share the group's findings with the class. Bring to the attention of the class any options that it has not recognized. Discuss.	Riker, A. P., & Riker, C. Finding My Way. 1979. Pp. 148-161.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---outline the choices that may be considered upon confirmation of pregnancy.	2. Consideration of a number of different factors is involved in making a decision about whether or not to proceed with a pregnancy: a. Personal, religious, and societal values b. The risk to the life of the woman if she were to proceed with the pregnancy c. The likelihood of bearing a child with serious mental and/or physical defects as identified by amniocentesis or other medical tests d. Whether the pregnancy is a result of rape or incest e. How far the pregnancy has already progressed f. The economic circumstances of the woman and her family g. Access to financially affordable quality medical service h. Possibility of genetically transmitted diseases or impairments

Learning Activities	Resources
2.1 Prepare overhead transparencies listing the different factors involved in making a decision about whether to proceed with a pregnancy, as given in the generalization. Explain each factor in turn to the class, allowing time for questions and discussion. Invite students to suggest additional factors. 2.2 Divide class into groups of four and have each group consider the following case studies: Case 1 ---Barbara and Leroy are both in their early forties with two children aged 14 and 12. Barbara went back to school to complete her law degree a few years ago and is now enjoying the career she postponed for over 15 years. Barbara and Leroy learned two weeks ago that she was three months pregnant, much to their surprise. Because of Barbara's age, her doctor performed amniocentesis. The test showed she was carrying an abnormal fetus. Case 2 ---Yolanda and Jose are in their mid-twenties, live in Florida, and have been married for three years. They established their own lawn-and-garden maintenance business two years ago, and are making a comfortable income although working long hours. Yolanda has just learned that she is six weeks pregnant. They are both upset by this news as they planned not to have a child until Yolanda was thirty and their business was firmly established. (cont.)	Kintzing, J. K. "How Genes--Yours and His Can Affect Your Baby." Mademoiselle. February 1980. Pp. 68, 72, 78. Lamberg, L. "Genetic Diseases and Birth Defects: What Every Family Needs to Know." Better Homes and Gardens. March 1980. Pp. 66, 68, 70, 72. "Testing Fetuses. A Checkup in the Womb." Time. March 24, 1980. P. 48. The Boston Women's Health Book Collective. Our Bodies, Ourselves. 1976. Chaps. 7, 11, 16.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---outline the choices that may be considered upon confirmation of pregnancy.	2. Consideration of a number of different factors is involved in making a decision about whether or not to proceed with a pregnancy: (Cont.) See list page 150.
	3. Induced abortion is an operation performed on a pregnant woman that results in the removal of the fertilized ovum, embryo, or fetus from the uterus.

Learning Activities	Resources
What factors might each couple wish to consider before making a decision about whether to proceed with the pregnancy? Have each group brainstorm their ideas for about 2-3 minutes per case. Ask students to then discuss each idea in turn, before writing a list of possible factors per case. Allow time for sharing of ideas as a class, including further discussion. Summarize.	
3.1 Assign students to read one of the references. Explain the meaning of the term "induced abortion." Discuss the abortion law (Appendix C-8).	Demarest, R. J., & Sciarra, J. J. Conception, Birth and Contraception. 1975. Pp. 128-33. Kaplan, H. S. Making Sense of Sex. 1979. Riker, A. P., & Riker, C. Finding My Way. 1979. Pp. 148-61. Abortion Law. Appendix C-8.
3.2 Have students read the handout "What Is My Position on Induced Abortion" (Appendix C-9). Raise this question: ---What is your position on induced abortion? (This is for students' private research and reflection, not for classroom discussion.) Suggest where additional information may be found: ---parent(s) ---local church or synagogue ---the law	What Is My Position on Induced Abortion? Appendix C-9.

(cont.)

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---outline the choices that may be considered upon confirmation of pregnancy.	3. Induced abortion is an operation performed on a pregnant woman that results in the removal of the fertilized ovum, embryo, or fetus from the uterus. (Cont.)
---discuss the factors involved in maintaining the health of expectant parents and their fetuses.	1. For teenage girls who have not finished growing, pregnancy can bring serious health problems to themselves and their fetuses. 2. Prenatal care is important to the health of the expectant parent(s) and the fetus. 3. A pregnant woman should seek immediate medical attention if these complications occur: a. vaginal bleeding or spotting b. puffiness of the face, hands, or legs c. blurred vision d. persistent and severe headaches e. persistent vomiting f. a rush of water from the vagina g. chills and fever h. infrequent urination

Learning Activities	Resources
---American Civil Liberties Union ---Birthright ---National Council of Churches, Commission on Marriage and the Family ---National Organization of Women ---newspapers and magazines ---Planned Parenthood ---public library ---Right to Life ---Siecus ---YWCA ---Religious Coalition on Abortion Rights	
1.1 Refer back to The Decision to Parent, Major Competency B, Pp. 84-85.	Schultz, J., et al. The Decision to Parent. 1980.
2.1 Arrange a visit to a prenatal clinic or invite a maternal-infant community health 3.1 nurse to class. The learning emphasis might focus on: ---what is involved in prenatal care ---why medical supervision during pregnancy is desirable ---the crucial reasons for prenatal care for pregnant teenagers ---the cost of prenatal care, and available free services ---complications warranting medical attention for a pregnant woman ---services to support expectant fathers Allow time for class to summarize with you the important ideas learned from this presentation. Assign students to read "A Pregnant Woman's First Prenatal Medical Examination. What to Expect" (Appendix C-10).	A Pregnant Woman's First Prenatal Medical Examination. What to Expect. Appendix C-10. McCoy, K., & Wibbelsman, C. The Teenage Body Book. 1978. Pp. 191-92.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the factors involved in maintaining the health of expectant parents and their fetuses.	2. Prenatal care is important to the health of the expectant parent(s) and the fetus. (Cont.)
	3. A pregnant woman should seek immediate medical attention if these complications occur: a. vaginal bleeding or spotting b. puffiness of the face, hands or legs c. blurred vision d. persistent and severe headaches e. persistent vomiting f. a rush of water from the vagina g. chills and fever h. infrequent urination (Cont.)
	4. A woman who practices adequate nutritional habits before and during pregnancy is more likely to have a healthy baby, and to be able to breastfeed if she wishes.

Learning Activities	Resources
2.2 ■ ○ Assign students to read the pamphlet Prenatal Care. Ask students to offer their own definition of the word "prenatal." Invite students to raise questions from their reading. Raise the following questions with students: ---Why do so many pregnant teenagers have no supervised medical prenatal care? ---Does it make a difference in terms of their health and that of their babies?	Prenatal Care. DHEW Pub. No. 400CD73-3.
3.2 ■ ○ Make a transparency called Be Alert to These Danger Signals listing the eight complications presented in generalization #3. Give a simple explanation of each complication stressing: ---the importance of a pregnant woman's seeking medical attention ---where a pregnant woman in your area with little or no money could obtain prompt medical attention	
4.1 ■ ○ Show the filmstrip or slide cassette version of the cartoon Inside My Mom as a lead into the reading assignment that follows. Summarize the learning in the cartoon by asking students to explain the important ideas the program is attempting to promote. Assign students to read the comic books Food for Thought and Eating and The Junk Food Blues.	Filmstrip: Inside My Mom. Food for Thought and Eating. The Junk Food Blues. National Foundation--March of Dimes. 1978.
4.2 ■ ○ Have students complete the individualized learning activity card sets Food Power and Your Month by Month Pregnancy Diet. Allow students to share the important ideas they obtained from this experience. Summarize. (cont.)	Card Sets: Food Power. and Your Month by Month Pregnancy Diet. National Foundation--March of Dimes.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the factors involved in maintaining the health of expectant parents and their fetuses.	4. A woman who practices adequate nutritional habits before and during pregnancy is more likely to have a healthy baby, and to be able to breastfeed if she wishes. (Cont.)
	5. To maintain health during pregnancy a woman needs adequate nutrition, sleep and rest, moderate exercise, attention to dental care, and daily practice of personal hygiene.

Learning Activities	Resources
Then show either of these films: Great Expectations or Preparation for Breastfeeding. Invite students to ask questions about breastfeeding and its relationship to nutrition during pregnancy.	Films: Great Expectations. Society for Nutrition Education. Preparation for Breastfeeding. Educational Graphic Aids. (Both available National Foundation--March of Dimes.)
4.3 Show the film Healthy Mother, Healthy Baby. Assign students to read from resources listed or similar ones. Have students recall, using paper and pencil, all of the food and drink they consumed the day before. Ask them to list the changes they might make to the day's menus (and snacks) so that they would be nutritionally adequate for a pregnant woman. Allow time for sharing of student ideas. Ask students to give a reason(s) for every change they make.	Film: Healthy Mother, Healthy Baby. Alfred Higgins, Inc. Eat Wisely - For You & Your Baby. National Foundation--March of Dimes. 1978. Brisbane, H. The Developing Child. 1980. Pp. 85-92.
5.1 Instruct students to research health care during pregnancy as it relates to: ---nutrition ---sleep and rest ---exercise ---mental health ---dental health ---personal hygiene	Your Pregnancy Checklist. Born Healthy? A Lot Depends on You. Be Good to Your Baby before It Is Born - What to Do and What to Expect during Pregnancy. National Foundation--March of Dimes. 1977. McCoy, K., & Wibbelsman, C. The Teenage Body Book. 1978. Pp. 196-98.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the factors involved in maintaining the health of expectant parents and their fetuses.	5. To maintain health during pregnancy a woman needs adequate nutrition, sleep and rest, moderate exercise, attention to dental care, and daily practice of personal hygiene. (Cont.)

Learning Activities	Resources
5.2 Have students work in small groups to consider each of the following case studies in relation to what they have learned about health care during pregnancy. Ask groups to recommend modifications in lifestyle for each woman during her pregnancy. Case 1 ---Diane is a short-order cook working nights, six days a week, at a restaurant about five miles from home. She is four months pregnant with her second child. Diane and her husband John are separated. While John does provide money to assist with rent, their son Billy's maintenance, and Diane's current medical expenses, she is on a limited budget. Diane's neighbor babysits Billy each morning while she tries to get some sleep. Home is a tiny apartment. Diane has no option but to drive to and from work. The car is also necessary to take Billy to and from her mother's each evening. Diane is feeling very lonely, tired, and depressed. Case 2 ---Susan is a 35-year-old, married typist who works in the administrative office of a farm machinery manufacturing plant. Husband Joe is a foreman at the same plant. They are expecting their long-awaited first child. Home is about a mile from the plant. Susan has been overweight all of her adult life and is anxious about gaining excessive weight during pregnancy. Nevertheless, she is in the habit of munching candy and drinking pop while working. Joe and Susan like to spend their weekends motorbike racing, bowling, and partying. Bring class together to share recommendations.	

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the factors involved in maintaining the health of expectant parents and their fetuses.	6. A pregnant woman requires a supportive and caring emotional climate that can be provided by her male partner, family, friends, and particular community organizations.
	7. Anything that adversely affects the developing fetus may result in a child born with physical and/or mental abnormalities.

Learning Activities	Resources
6.1 Assign students to read the comic book Days of Change. Have students list the ways the couples were supportive and caring of each other. Allow time for class to share ideas. Lead class discussion on the possible sources of community support and care for an unmarried pregnant woman without male partner or family. Ask students to identify ways they might show support and care of their expectant-parent friends or family. Examples: ---showing tolerance toward the person's emotional state ---offering to take a house-bound pregnant woman out somewhere socially ---recognizing that a pregnant woman may need help getting out of a chair or picking something up off the floor ---assisting with household chores	Days of Change. National Foundation--March of Dimes. 1978. Brisbane, H. The Developing Child. 1980. Pp. 92-94.
6.2 Divide class into small groups (3-4). Instruct them to interview a pregnant woman friend or family member. Have them report to class on the ways in which the pregnant woman would like to receive or is receiving support and care from others. If appropriate, have them also report on the ways the woman is offering support to her male partner. Stress the need for students to preserve the anonymity of those interviewed.	
7.1 Set up seven reading centers in the classroom related to fetal health and: ---radiation exposure, including X-rays ---smoking ---alcohol ---coffee ---drugs, including "over-the-counter" drugs, e.g., aspirin	Draper, T., Ganong, M., & Goodell, V. See How They Grow. 1980. Pp. 24-31. Be Good to Baby before It Is Born. National Foundation--March of Dimes. 1978.

(cont.)

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the factors involved in maintaining the health of expectant parents and their fetuses.	7. Anything that adversely affects the developing fetus may result in a child born with physical and/or mental abnormalities. (Cont.)
	8. A pregnant woman should avoid all drugs not prescribed by her doctor, and before taking any prescribed drugs, should thoroughly discuss possible side effects with him/her.

Learning Activities	Resources
---diseases, including sexually transmitted diseases ---genetic diseases Divide class into seven groups and rotate groups from one center to another. Discuss, as a total class, factors that may adversely affect the developing fetus. Invite students to place current newspaper and magazine articles related to fetal health on "News Update" display board in the classroom. Keep a file of printed media information on fetal health for future class reference.	Fast Facts about Sickle-Cell Anemia. Nutrition and Unprescribed Drugs. National Foundation--March of Dimes. 1978. Morrison, M. When the Baby's Life Is So Much Your Own.... HEW Pub. No. (FDA) 79-1057. The Boston Women's Health Book Collective. Our Bodies, Ourselves. 1976. Brisbane, H. The Developing Child. 1980. Chapter 3. Speaker from Birth Defects Institute, Iowa State Department of Health.
7.2 Refer to the AHEA HELPs resource. Complete the necessary classroom preparation for lesson #3 "Environmental Influences on the Fetus" including the choice of learning activities. Have students do the self-test that accompanies this lesson plan. Allow time for classroom review of answers.	Conception and Fetal Development. AHEA HELPs. P. 45.
8.1 Show the film Born Hooked. Refer to the Teacher's Guide that accompanies this film. Select appropriate discussion questions and learning activities for students. Assign students to read the pamphlet Drugs, Alcohol, Tobacco Abuse during Pregnancy. Have students write a paragraph that summarizes the crucial problems of drug use during pregnancy.	Film: Born Hooked. National Foundation--March of Dimes. Drugs, Alcohol, Tobacco Abuse during Pregnancy. National Foundation--March of Dimes. 1978. (cont.)

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the factors involved in maintaining the health of expectant parents and their fetuses.	8. A pregnant woman should avoid all drugs not prescribed by her doctor, and before taking any prescribed drugs, should thoroughly discuss possible side effects with her/him. (Cont.)

Learning Activities	Resources
	Morrison, M. When the Baby's Life Is So Much Your Own. HEW Pub. No. (FDA) 79-1057.
8.2 Have students read about the use of drugs during pregnancy. Ask students to role play the following situations or use them as case studies: Situation 1 ---Cindy and Wayne are delighted with the news that she is pregnant. Tomorrow they will be visiting the doctor for the first prenatal checkup. Occasionally Cindy hasn't been feeling too well, with constipation, morning sickness, and a few headaches. So far she has resisted the temptation to take any medication, because she has heard and read all sorts of horrifying stories about the results of pregnant women's taking drugs. Ask students to role play the situation at the doctor's office. They should focus on how to ask questions of the doctor in such a way as to determine: ---what ways Cindy might manage her illness ---how Wayne can be of assistance ---if medication is appropriate, what is safe for Cindy and the fetus ---the side effects of the medication Situation 2 ---Debby is 17, single and pregnant, without partner or family. Like Cindy, she too is in the early stage of pregnancy and is experiencing the same illnesses. Debby wants to see a doctor at the public hospital clinic, but is shy and afraid. She lacks the self-confidence to describe how miserable she (cont.)	McCoy, K., & Wibbelsman, C. The Teenage Body Book. 1978. Pp. 209-14, 220, 235. Riker, A. P., & Riker, C. Finding My Way. Pp. 138-39.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the factors involved in maintaining the health of expectant parents and their fetuses.	8. A pregnant woman should avoid all drugs not prescribed by her doctor, and before taking any prescribed drugs, should thoroughly discuss possible side effects with her/him. (Cont.)
	9. Carbon monoxide generated by smoking interferes with the transport of oxygen to the fetus which results in a slowdown in fetal growth and an increased incidence of premature babies.
	10. Alcohol is a depressant drug that, if taken during pregnancy, may have adverse effects on the fetus.

Learning Activities	Resources
feels, and to ask for help. Debby wants her baby very much. Debby is also aware of the need to take good care of herself. Debby is a senior in high school. Ask students to give some strategies Debby might use to: ---get herself to the clinic ---ask all the questions in Situation 1, except the second	
9.1 Assign students to read either or both pamphlet resources. Have students discuss these questions: ---What is the effect of smoking on the developing fetus? ---Smoking women have a higher incidence of bearing premature and underweight babies. Why are these conditions of serious concern? ---Is it possible that the smoking of expectant fathers could also adversely affect the fetus? (Some studies have suggested this, but we still do not know conclusively.) ---Where can a teenager go in this area to obtain free professional help to stop smoking?	Brody, J. E., & Engquist, R. Women and Smoking. Public Affairs Pamphlet #475. 1978. Clearing the Air. A Guide to Quitting Smoking. DHEW Pub. No. (NIH) 79-1647.
10.1 Show the film Alcohol: Crisis of the Unborn. Assign students to read the pamphlet listed in the resource column. Clarify students' understanding of: a. alcohol as a depressant drug b. fetal alcohol syndrome c. the fact that researchers have not been able to prove conclusively how much alcohol poses a threat to the fetus (cont.)	Film: Alcohol: Crisis Of The Unborn. When You Drink, Your Baby Does Too. National Foundation--March of Dimes. Alcohol and Your Unborn Baby. DHEW Pub. No. (ADM) 78-521.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---discuss the factors involved in maintaining the health of expectant parents and their fetuses.	10. Alcohol is a depressant drug that, if taken during pregnancy, may have adverse effects on the fetus. (Cont.)
	11. The health of the fetus can be affected by diseases which may be transmitted from the male to the pregnant woman.
---analyze the types of preparation expectant parents may need to complete before childbirth.	1. Pregnancy requires certain major adjustments and changes in the life-style of the parent(s) including: a. Preparation of oneself, family, and friends b. Redeployment of resources such as time, energy, and money c. Planning for the child's physical needs d. Sharing the parenting-role responsibility e. Accommodation of child care with career outside the home

Learning Activities	Resources
Have students write a newspaper-style article (approximately 200-300 words), complete with caption, on the fact that alcohol consumption during pregnancy may be harmful to the fetus. Display articles for everyone to read. Have students vote on the article they would like to see published in the school's printed media. With the student's permission, submit the article for possible publication.	"Teenage Alcoholism." Forecast. February 1980. Pp. 42-43.
11.1 Invite a public health representative to class. Have the guest give a simple presentation on: a. hazard of diseases (examples: measles, hepatitis, herpes, influenza) on the embryo/fetus during the critical first trimester of pregnancy b. how such diseases can be transmitted from the male to the pregnant woman, and then to the embryo/fetus c. need for early medical verification of pregnancy, and the subsequent precautions expectant parents should take to guard against such diseases Allow time for students to ask questions of the guest. Assign students to write a one page summary of the important ideas learned from this presentation.	Preventing Birth Defects Caused by Rubella. Venereal Disease Hurts You . . . and Unborn Babies. The National Foundation --March of Dimes.
1.1 Introduce the topic of life-style adjustments during pregnancy. Distribute to students the worksheet Pregnancy and Life-style Change for Parents (Appendix C-11). Have students individually complete the worksheet. Allow time for class to share its ideas. (cont.)	Pregnancy and Life-style Change for Parents. Appendix C-11. Salk, L. Preparing for Parenthood. 1975.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---analyze the types of preparation expectant parents may need to complete before childbirth.	1. Pregnancy requires certain major adjustments and changes in the life-style of the parent(s) including: a. Preparation of oneself, family, and friends b. Redeployment of resources such as time, energy, and money c. Planning for the child's physical needs d. Sharing the parenting-role responsibility e. Accommodation of child care with career outside the home (Cont.)

Learning Activities	Resources
Invite a group of individuals from the community to form a classroom panel. The panel might comprise: ---a teenage parent or parent couple ---"new" parent(s) (natural or adoptive) ---expectant parent(s) Have students submit their questions beforehand on life-style adjustment during pregnancy. Compile a composite list of questions to distribute to panel members before the date of the classroom visit. Summarize focusing on the adjustments indicated in the generalization.	
1.2 Make the two transparencies from the masters in the Illinois Teacher reference. Show the transparency Cooperation is the Key to lead into discussion of life-style adjustment within families as a result of a baby's arrival. Distribute worksheet Getting Ready for Baby (Appendix C-12). Clarify these terms with students: ---role shift ---role conflict (show transparency Conflicting Demands Generate Stress) ---stress ---role incompatibility ---conflict Divide class into small groups and direct each to complete the activity described in the handout; allow time for class to share ideas. Summarize.	Harriman, L. "Appraising Role Shifts." Illinois Teacher. 1975. Pp. 288-94. Getting Ready for Baby. Appendix C-12. Draper, T., Ganong, M., & Goodell, V. See How They Grow. 1980. Chapter 3.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---analyze the types of preparation expectant parents may need to complete before childbirth.	2. There are a variety of hospital and non-hospital childbirth options for expectant parents to consider, subject to availability in particular communities.
	3. Expectant parents should identify and thoroughly discuss the available childbirth options before making a decision.
---describe the process of childbirth	1. Childbirth that is spontaneous is divided into three stages: dilation of the cervix, delivery of the baby, and delivery of the afterbirth.

Learning Activities	Resources
2.1 Distribute worksheet "American Childbirth Options" (Appendix C-13). 3.1 a. Describe each childbirth option presented in the handout. b. Assign students to work in small groups to investigate the childbirth options available in their area. c. Discuss the factors expectant parents may need to consider before making a decision about a childbirth method. d. Have students complete a summary of findings on the worksheet.	American Childbirth Options. Appendix C-13. Teens with Infants. Iowa Department of Public Instruction. 1979. "The Cost of Having a Baby." Co-ed. February 1980. P. 39. McCoy, K., & Wibbelsman, C. The Teenage Body Book. 1978. Pp. 198-200.
1.1 Show film A Baby Is Born as preparation for the essay assignment. Have students write a one-page essay describing the three stages of childbirth. Some students may enjoy writing their essay from the perspective of the baby, i.e., have them imagine they are a baby making the journey from the comfort of their mother's womb to the outside world. (Ask students to give you a synonym for the word "womb"). Have available the Birth Atlas (or a similar series of childbirth diagrams or photographs) for students to refer to as required. Call for three volunteers to share their accounts--one childbirth stage per student. Summarize and review terminology as required.	Film: A Baby Is Born. Perennial Education, Inc. (Available Planned Parenthood Media Center.) Birth Atlas. Maternity Center Association. 1977. Draper, T., Ganong, M., & Goodell, V. See How They Grow. Pp. 46-47.
1.2 Distribute handout "A Baby's Journey to the Outside World" (Appendix C-14). Present a simple explanation of the three stages of childbirth using the 3-M transparencies and the handout. Review the meaning of the terms underlined in the handout as you proceed. Have students complete the quiz on p. 3 of the handout. Allow time for sharing of results.	A Baby's Journey to the Outside World. Appendix C-14. Transparencies: Conception, Prenatal Development, and Birth. 3-M Company.

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---describe the process of childbirth.	2. Pain and/or discomfort results from the uterine contractions and cervical expansion during childbirth.
	3. Individuals may differ in their reaction to the childbirth process due to psychological and/or emotional differences.
	4. Alternatives in the form of personal preparation and medication exist to help women cope with the childbirth process.
	5. Some pregnancies require special pro-procedures for delivery, e.g., use of forceps or a cesarean section.
	6. The father, family member, or friend who has the opportunity and wishes to participate in childbirth by supporting the mother may find the experience rewarding.

Learning Activities	Resources
2.1 - 4.1 Assign students to read "A Pregnant Woman's Guide to Pain Relief for Labor and Delivery" (Appendix C-15) or Parfitt, Chapters 2-3. Invite students to ask questions from their reading as a basis for discussion. Stress the following: ---physiological sources of the pain and discomfort associated with childbirth ---availability of modern treatments and procedures for pain relief in childbirth ---childbirth preparation, including thorough discussion about options with the doctor well in advance ---differences among individuals in their reactions to childbirth	McCoy, K., & Wibbelsman, C. The Teenage Body Book. 1978. Pp. 198-200. Parfitt, R. R. The Birth Primer. A Source Book of Traditional and Alternative Methods in Labor and Delivery. 1980. A Pregnant Woman's Guide to Pain Relief for Labor and Delivery. Appendix C-15.
2.2 - 5.1 Assign students to read the resources and/or research the topic of childbirth in the library. They should focus on: ---alternative personal preparation for the woman and her male partner ---alternative medications available to help women cope with childbirth pain and discomfort ---special procedures for delivery, e.g., use of forceps or a cesarean section Invite a local nurse with qualifications in gynecology/obstetrics to class. Have students ask questions of the nurse to clarify their understanding of the readings.	Draper, T., Ganong, M., & Goodell, V. See How They Grow. 1980. Chapters 3-4.
6.1 Show the film Pregnant Fathers or Becoming. Have students summarize with paper and pencil the father's role as depicted in the film. Students might list the father's involvement in childbirth via the categories of: physical, emotional, and (cont.)	Film: Pregnant Fathers. Joseph T. Anzalone Foundation. (Available Planned Parenthood Media Center.)

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---describe the process of childbirth.	6. The father, family member, or friend who has the opportunity and wishes to participate in childbirth by supporting the mother, may find the experience rewarding. (Cont.)
	7. The period immediately following childbirth provides the first opportunity to establish bonding between the parent(s) and newborn infant.

Learning Activities	Resources
social. Have students share their ideas as a group. Then raise these questions: ---Do fathers in this area have an opportunity to participate in childbirth? ---What types of childbirth education services are available to expectant fathers in this area? ---Does local hospital policy allow for a family member or friend to participate in childbirth instead of the father? ---Do you know any fathers who have participated in childbirth? What were their feelings about the experience? Direct students to investigate these questions by dividing the class into four groups and assign one question to each. Provide an opportunity for each group to report, including time for further discussion.	Film: Becoming. Joseph T. Anzalone Foundation. (Available Planned Parenthood Media Center.)
6.2 ☐ Invite two fathers who participated in childbirth to class. Have the fathers share: ---their feelings about the experience ---the ways they were involved ---the preparation they had for the experience ---why they chose to participate Have students write a paragraph on why a father, family member, or friend might find the experience of participating in childbirth rewarding.	
7.1 ■ ○ Introduce the concept of parent-child bonding. Have a nurse visit with the class to discuss bonding methods used in hospitals. Topics for discussion may include:	Draper, T., Ganong, M., & Goodell, V. See How They Grow. 1980. P. 49.

(cont.)

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

Subcompetencies	Possible Generalizations
The student can---	
---describe the process of childbirth.	7. The period immediately following childbirth provides the first opportunity to establish bonding between the parent(s) and newborn infant. (Cont.)

Learning Activities	Resources
---Lamaze method ---father in delivery room ---mother aware and baby alert due to less use of medication ---baby care immediately after birth ---fathers coming to the hospital at feeding time ---others	
7.2 Invite a couple with a new baby or a mother and new baby to class. Lead an informal discussion by: ---introducing the concept of parent-child bonding ---asking guests to share: 1) their first feelings of attachment for the baby immediately after birth 2) the indications they have had to suggest that the baby has formed attachment to them 3) the extent to which the childbirth method and setting encouraged bonding immediately following birth ---asking students to give examples of the bonding behaviors they have observed between the parent(s) and child ---initiating a round-robin summary to consolidate the major ideas learned about parent-child bonding	

APPENDIX A

MAJOR COMPETENCY: The student can describe how teenagers' concept of self is affected by growth and development in adolescence.

HOW DID I SEE MYSELF AS A CHILD? HOW DO I SEE MYSELF NOW?*

DIRECTIONS: For each item, make an X closest to the side of each continuum or at a point somewhere in between that best represents how you felt when you were a child. For example, if you were quite active as a child, you would mark the first item as follows:

Active X / / / / Quiet

Once all items have been marked, go back through each one and check ✓ how you feel about yourself now.

1. As a child I feel that I was

Active	/ / / / /	Quiet
Rebellious	/ / / / / •	Cooperative
Mean	/ / / / /	Kind
Smart	/ / / / /	"Dumb"
Agile,graceful	/ / / / /	Awkward
Healthy	/ / / / /	Sickly
Pretty/good looking, handsome	/ / / / /	Ugly, plain
Ornery	/ / / / /	Helpful
Daring	/ / / / /	Practical
Often alone	/ / / / /	Generally part of the crowd
Shy	/ / / / /	Outgoing

*Adapted from Clapp, Mary Jo, "Turn Back the Clock . . . Discovering What Makes Me Tick . . .," Illinois Teacher. Vol. XXI, No. 4, 1978. Pp. 181-83.

A CHECKLIST ABOUT ME*

by Ruth Harms

This checklist is designed to help you think about yourself. There are no right or wrong answers. Just tell how you really feel. The information is mainly for your own use. You do not need to sign your name.

DIRECTIONS: Read each statement carefully and decide if it describes how you feel about yourself or the situation. You will agree with some statements and you will disagree with others. You may be undecided about some. To help you express how you feel about each statement, five possible answers have been placed after each statement. Mark the answer that most nearly tells how you feel about the statement. Work quickly but carefully. Do not spend too much time on any one statement. Be sure to mark one answer for each statement.

SA = Strongly agree
A = Agree
U = Undecided
D = Disagree
SD = Strongly disagree

	SA	A	U	D	SD
1. I get upset often at home.					
2. I am an interesting person to other people.					
3. It takes me a long time to get used to anything new.					
4. I do very well in school.					
5. I don't like the way I look.					

*Taken from R. Harms, "Exploratory Self-Tests." Illinois Teacher. Vol. XVII, Nov./Dec. 1973. Pp. 76-82.

	SA	A	U	D	SD
6. I am poor at most sports.					
7. I have trouble controlling my feelings.					
8. I have ambition to achieve to the very best of my ability.					
9. I usually feel as if my parents are picking on me.					
10. My parents understand me.					
11. If a friend were in trouble, I would probably drop him/her.					
12. I do not get really mad very often.					
13. I am a good artist.					
14. I seem to be tired a lot.					
15. I'm mostly happy in school.					
16. I handle most of my problems well.					
17. Most people are fair to me.					
18. I really don't like being a boy (or a girl).					
19. I am happy most of the time.					
20. I find it hard to get along with people.					
21. I don't finish most things that I start.					
22. I don't like to do individual projects.					
23. I am satisfied with my height and weight.					
24. I am good at musical things.					
25. I worry a lot.					
26. I always try to be fair.					
27. There are many times when I'd like to leave home.					
28. No one pays much attention to me at home.					
29. I try to do what I think is right.					
30. I am seldom at ease and relaxed.					

	SA	A	U	D	SD
31. I am poor at speaking before a group.					
32. I wish my body were shaped differently.					
33. Teachers like me pretty well.					
34. Any money spent to further my education will be well spent as I want to get a job.					
35. I have good ideas.					
36. Most people are better liked than I am.					
37. I have a low opinion of myself.					
38. I feel helpless to handle many situations.					
39. I like to meet new people.					
40. I have lots of confidence in myself.					
41. I often get discouraged in school.					
42. I am strong.					
43. I solve problems quite easily.					
44. Criticism doesn't upset me if I feel I have tried to do my best.					
45. If I'm pretty sure I won't get caught, I'll copy if I don't know the answer.					
46. My parents expect too much of me.					
47. I always look out for myself first.					
48. I often feel guilty about my secret thoughts.					
49. Science is easy for me.					
50. I handle my body well in sports and games.					
51. I usually understand a story the first time I read it.					
52. Someone always has to tell me what to do.					
53. I don't talk much at school activities.					
54. I can't be depended on.					
55. I don't get jealous easily.					

	SA	A	U	D	SD
56. I like for someone else to take over and handle situations.					
57. I often have to be told more than once to do my schoolwork.					
58. My clothes are not as nice as I'd like.					
59. I am poor at making things with my hands.					
60. I often act on the basis of feelings and emotions rather than reason.					
61. All citizens should participate in civic affairs.					
62. My parents usually consider my feelings.					
63. My hair usually looks nice.					
64. I am a healthy person.					
65. I find it hard to talk in front of the class.					
66. I give in very easily.					
67. Others will often follow my ideas.					
68. I'm pretty smart.					
69. I don't care what happens to me.					
70. I feel left out of things in class.					
71. I can make up my mind and stick to it.					
72. I wish I could do something about my skin.					
73. I can express myself well in writing.					
74. I am a nervous person.					
75. I want to be admired.					
76. I feel guilty if people think well of me for fear they would be disappointed if they knew what I was really like.					
77. My parents and I have a lot of fun together.					
78. I'm a helpful person.					

WHAT IS A GOAL?

Nearly everyone has a goal of some kind. A goal is a statement of something you want to do or become. While goals give us a basic sense of direction, they also do the following three things:

GOALS DIRECT	GOALS MOTIVATE	GOALS REINFORCE SELF-ESTEEM
They provide a sense of purpose in life.	By stating a goal, one creates an interest in achieving it. As you approach a goal you gain greater motivation to attain it.	Achievement of goals strengthens a person's desire to achieve other goals. As a result, one attains a higher sense of self-worth.

Goals may be long range and deal with the future, or they may be short term and take on a more day-to-day character.

.Long-range goals

Concerned with the overall style of life that a person may wish to live. This would include one's family and social life, occupational aims, and avocational interests.

.Short-range goals

Are usually considered stepping stones to reach long-range goals. Action to reach a short-range goal may need to cover the who, what, when, how and where of the short-range goal.

A FAIRYTALE*

Once upon a time, a long time ago, there lived two very happy people called Tim and Maggie with two children called John and Lucy. To understand how happy they were, you have to understand how things were in those days. You see, in those happy days everyone was given at birth a small, soft, Fuzzy Bag. Anytime a person reached into this bag he was able to pull out a Warm Fuzzy. Warm Fuzzies were very much in demand because whenever somebody was given a Warm Fuzzy it made him feel warm and fuzzy all over. People who didn't get Warm Fuzzies regularly were in danger of developing a sickness in their back that caused them to shrivel up and die.

In those days it was very easy to get Warm Fuzzies. Anytime that somebody felt like it, he might walk up to you and say, "I'd like to have a Warm Fuzzy." You would then reach into your bag and pull out a Fuzzy the size of a little girl's hand. As soon as the Fuzzy saw the light of day it would smile and blossom into a large, shaggy, Warm Fuzzy. You would then lay it on the person's shoulder or head or lap and it would struggle up and melt right against their skin and make them feel good all over. People were always asking each other for Warm Fuzzies, and since they were always given freely, getting enough of them was never a problem. There were always plenty to go around and as a consequence everyone was happy and felt warm and fuzzy most of the time.

One day a bad witch became angry because everyone was so happy and no one was buying her potions and salves. This witch was very clever and she devised a very wicked plan. One beautiful morning she crept up to Tim while Maggie was playing with their daughter and whispered in his ear, "See here, Tim, look at all the Fuzzies that Maggie is giving to Lucy. You know, if she keeps it up, eventually she is going to run out and then there won't be any left for you."

Tim was astonished. He turned to the witch and said, "Do you mean to tell me that there isn't a Warm Fuzzy in our bag every time we reach into it?"

And the witch said, "No, absolutely not, and once you run out, that is it. You don't have any more." With this she flew away on her broom, laughing and cackling hysterically.

Tim took this to heart and began to notice every time Maggie gave up a Warm Fuzzy to somebody else. Eventually he got very worried and upset because he liked Maggie's Warm Fuzzies very much and did not want to give them up. He certainly did not think it was right for Maggie to be spending all her Warm Fuzzies on the children and on other people.

*Steiner, Claude M. Adapted from Family Living Curriculum Guide, Des Moines, IA.

He began to complain every time he saw Maggie giving a Warm Fuzzy to somebody else, and because Maggie liked him very much, she stopped giving Warm Fuzzies to other people as often, and reserved them for him.

The children watched this and soon began to get the idea that it was wrong to give up Warm Fuzzies anytime you were asked or felt like it. They too became very careful. They would watch their parents closely and whenever they felt that one of their parents was giving too many Fuzzies to others, they also began to object. They began to feel worried whenever they gave away too many Warm Fuzzies. Even though they found a Warm Fuzzy every time they reached into their bag, they reached in less and less and became more and more stingy. Some people began to notice the lack of Warm Fuzzies, and they began to feel less and less fuzzy. They began to shrivel up and occasionally, people would die from lack of Warm Fuzzies. More and more people went to the witch to buy her potions and salves even though they didn't seem to work.

Well, the situation was getting very serious indeed. The bad witch who had been watching all of this didn't really want the people to die so she devised a plan. She gave everyone a bag that was very similar to the Fuzzy Bag except that this one was cold while the Fuzzy Bag was warm. Inside the witch's bag were Cold Pricklies. These Cold Pricklies did not make people feel warm and fuzzy, but made them feel cold and prickly instead. But, they did prevent people's backs from shriveling up. So from then on, every time somebody said, "I want a Warm Fuzzy," people who were worried about depleting their supply would say, "I can't give you a Warm Fuzzy, but would you like a Cold Prickly?" Sometimes, two people would walk up to each other, thinking they could get a Warm Fuzzy, but one or the other of them would change his mind and they would wind up giving each other Cold Pricklies. So, the end result was that while very few people were dying, a lot of people were still unhappy and feeling very cold and prickly.

The situation got very complicated because since the coming of the witch there were less and less Warm Fuzzies around, so Warm Fuzzies that used to be thought of as free as air become extremely valuable. This caused people to do all sorts of things in order to obtain them. Before the witch had appeared, people used to gather in groups of three or four or five, never caring too much who was giving Warm Fuzzies to whom. After the coming of the witch, people began to pair off and to reserve all their Warm Fuzzies for each other exclusively. If ever one of the two persons forgot himself and gave a Warm Fuzzy to someone else, he would immediately feel guilty about it because he knew that his partner would probably resent the loss of a Warm Fuzzy. People who could not find a generous partner had to buy their Warm Fuzzies and had to work long hours to earn the money. Another thing that happened was that some people would take Cold Pricklies--which were limitless and freely available--coat them white and fluffy, and pass them on as Warm Fuzzies. These counterfeit Warm Fuzzies were really

Plastic Fuzzies, and they caused additional difficulties. For instance, two people would get together and freely exchange Plastic Fuzzies, which presumably should make them feel good, but they came away feeling bad instead. Since they thought they had been exchanging Warm Fuzzies, people grew very confused about this, never realizing that their cold prickly feelings were really the result of the fact they had been given a lot of Plastic Fuzzies.

So the situation was very, very dismal and it all started because of the coming of the witch who made people believe that some day, when least expected, they might reach into their Warm Fuzzy Bag and find no more.

Not long ago a young woman with big hips born under the sign of Aquarius came to this unhappy land. She had not heard about the bad witch and was not worried about running out of Warm Fuzzies. She gave them out freely, even when not asked. They called her the Hip Woman and disapproved of her because she was giving the children the idea that they should not worry about running out of Warm Fuzzies. The children liked her very much because they felt good around her and they too began to give out Warm Fuzzies whenever they felt like it. The grownups became concerned and decided to pass a law to protect the children from depleting their supplies of Warm Fuzzies. The law made it a criminal offense to give out Warm Fuzzies in a reckless manner. The children, however, seemed not to care, and in spite of the law they continued to give each other Warm Fuzzies whenever they felt like it and always when asked. Because there were many many children, almost as many as grownups, it began to look as if maybe they would have their way.

As of now it is hard to say what will happen. Will the grown-up forces of law and order stop the recklessness of the children? Are the grownups going to join with the Hip Woman and the children in taking a chance that there will always be as many Warm Fuzzies as needed? Will they remember the days their children are trying to bring back when Warm Fuzzies were abundant because people gave them away freely?

What do you feel about this?

---Claude M. Steiner, Ph.D.

VALUES

Values are basic beliefs and feelings an individual or group holds in deep respect.

Values are often influenced by the attitudes a person or a group develops toward people, issues, customs, or traditions.

Values become guidelines for behavior.

Values arise from human needs and reflect the goals that people set. For instance, you may place a high value on objects such as clothes, cars, or a beautiful home. If so, one of your goals in life will be to own these items or to own new and better items than you have at present.

You may value personality traits such as courage, skills, or intelligence. Therefore, your goal may be to excel in business, sports, politics, writing, or research.

Perhaps you place a high value on feelings such as love or personal freedom. Your goals then may be to work with the underprivileged.

There are many kinds of values--but in general values can be classified as moral, material, social, and aesthetic.

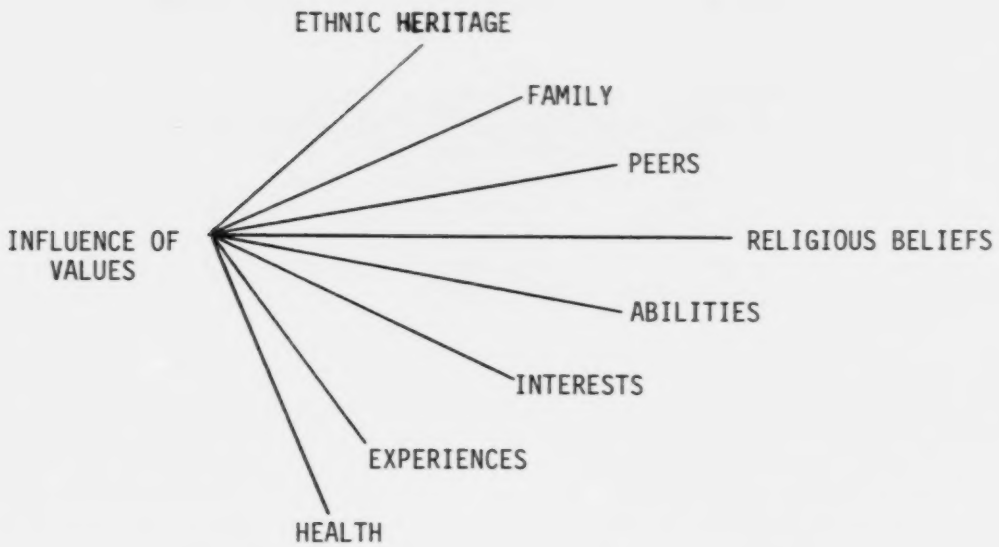
Moral values relate to what people will or will not do simply because they believe such behavior is right or wrong.

Material values refer to any value that emphasizes the ability to accumulate money or own possessions.

Social values refer to any value supported by a particular society or group of people. Members of the group are encouraged and sometimes pressured to conform to the social values of the group as a whole.

Aesthetic values refer to values that emphasize pleasure found in beauty.

Values help to identify the things that make life worthwhile for an individual or GROUP. Without a value structure life would be a matter of aimless drifting, thrill seeking and disillusionment. VALUES GUIDE PEOPLE IN THEIR SEARCH OF GOALS.



THE VALUES AUCTION*

Each participant is given a copy of the "Values Auction" worksheet and informed she/he has $10,000 to use toward the purchase of any of the items listed.

Have students scan the 34 items and determine which items they are most interested in purchasing.

Have students allocate the portion of their $10,000 they are prepared to spend for each item. In this way, a budget is prepared. To expedite this process, all budgeting must be in round figures of $100.00.

Upon completing the budgeting, begin to auction off the items. The students are free to bid on any item, regardless of budgeting for it. During the auction each individual keeps a record of the items on which he/she is bidding, recording the highest amount he/she bids for each item.

Auction off the items in the traditional auctioneering manner. The items are to be selected at random for auction, rather than in the sequence they are listed.

When all items have been auctioned, discuss with students the values that appear to them to be intrinsic to the items they were interested in purchasing. Use the following as a guide:

ITEM #	VALUE
1 & 18	Justice
2 & 19	Altruism
3 & 20	Recognition
4 & 21	Achievement
5 & 22	Pleasure
6 & 23	Wisdom
7 & 24	Honesty
8 & 25	Autonomy
9 & 26	Wealth
10 & 27	Power
11 & 28	Love
12 & 29	Aesthetics
13 & 30	Physical appearance
14 & 31	Health
15 & 32	Emotional well-being
16 & 33	Knowledge
17 & 34	Religion

*Adapted from materials distributed in a human relations workshop sponsored by the Heartland Area Education Agency.

VALUES AUCTION WORKSHEET

Items to Be Auctioned	Amount You Budgeted	Highest Amount You Bid	Items You Won
1. To rid the world of prejudice			
2. To serve the sick and needy			
3. To become a famous person (movie star, baseball hero, astronaut, etc.)			
4. To have a project that will triple your family's income this year			
5. To have a year of daily massage and the world's finest food from the world's best chef			
6. To know the meaning of life			
7. To have a vaccine to make all persons incapable of lying			
8. To be able to set your own hours for school			
9. To be the richest person in the world			
10. To be the president of the United States			
11. To love and be loved by someone very special to you			
12. To have a house overlooking the most beautiful view in the world, in which you may keep for one year 40 of your favorite works of art.			
13. To be chosen "Miss Beautiful" at your school			
14. To live 100 years without illness			
15. To know all about yourself and know for certain who you are			
16. To have a private library in your home			

Items to Be Auctioned	Amount You Budgeted	Highest Amount You Bid	Items You Won
17. To have an audience with the spiritual leader, either past or present, that you admire most			
18. To rid the world of unfairness			
19. To donate $1 million to your favorite charity			
20. To be voted "Most Likely to Succeed" by your class			
21. To master the profession of your choice			
22. To have a year with nothing to do but enjoy yourself, with all needs and desires automatically met			
23. To be the wisest person in the world, for one year, and to make only right decisions			
24. To sneak "integrity serum" into every water supply in the world			
25. To do your own thing, without being hassled			
26. To have a room full of pennies			
27. To control the destinies of all your classmates			
28. To live in a world where all people give and receive love			
29. To have unlimited travel and tickets to attend any rock concert for one year			
30. To have a "Total Make-Over"; new hair style, all new wardrobe from the designer of your choice, two weeks at a beauty spa			
31. To have membership in a great health club			
32. To have an antihangup pill			
33. To have your own omniscient computer, for any and all facts you might need			
34. To spend six months with the greatest religious figure of your faith, past or present			

LIFE CHANGE INDEX*

Please check (✓) those items that have happened in your life in the past year or that you can expect in the near future.

	Event	
1.	Christmas (if approaching)	____
2.	Vacation	____
3.	Receipt of speeding ticket	____
4.	Change in eating habits	____
5.	Change in sleeping habits	____
6.	Change in social activities	____
7.	Change in church activities	____
8.	Change in school activities	____
9.	Change in schools	____
10.	Change in residence	____
11.	Acquisition of a job	____
12.	Change in relationship with girl or boy friend	____
13.	Change in work status of parent(s)	____
14.	Change in financial state of family	____
15.	Personal injury or illness	____
16.	Remarriage of parent	____
17.	Marital separation of parents	____
18.	Divorce of parents	____
19.	Death of a family member	____

Note to teacher: These items are listed in a sequence from those requiring limited adjustment to those requiring a great deal of adjustment.

*Adapted from Carolyn J. Smith, The Management of Stress. Illinois Teacher. Vol. XXI, No. 1, 1977. Pp. 5-13.

WHO I AM - AS OTHERS SEE ME

Select three people who have been acquainted with you for two or three years. They may be a friend, parent, sister or brother, or someone else who knows you well. Interview them regarding their ideas about you over the past years. Record descriptive words or phrases or have the person interviewed write in the space provided.

Characteristics	Person Who Knew Me Two Years Ago	Person Who Knew Me Last Year	Person Who Knows Me Now
Physical -			
Appearance			
Skills			
Abilities			
Social -			
Ways of relating to individuals			
Roles taken in groups			
Psychological -			
Ways of thinking and organizing ideas			
Ways of expressing ideas and feelings			
Feelings often experienced			

DEVELOPMENTAL TASKS OF ADOLESCENCE*

A developmental task is a task that arises at or about a certain period in the life of the individual, successful achievement of which leads to his happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval of society, and difficulty with later tasks.

DEVELOPMENTAL TASK	NATURE OF TASK
1. Achieving new and more mature relations with age mates of both sexes	To learn to look upon girls as women and boys as men; to become an adult among adults; to learn to work with others for a common purpose, disregarding personal feelings; to lead without dominating.
2. Achieving a masculine or feminine social role	To accept and to learn a socially approved adult masculine or feminine social role.
3. Accepting one's physique and using the body effectively	To become proud, or at least tolerant, of one's body; to use and protect one's body effectively and with personal satisfaction.
4. Achieving emotional independence of parents and other adults	To become free from childish dependence on parents; to develop affection for parents without dependence upon them; to develop respect for older adults without dependence upon them.
5. Recognizing factors related to marriage and family life	To explore attitudes toward family life and having children; to acquire the knowledge necessary for home management and, if desired, child rearing.

*Adapted from Havighurst, R. J., Developmental Tasks and Education. New York: David McKay Co., Inc., 1976.

DEVELOPMENTAL TASK	NATURE OF TASK
6. Preparing for an economic career	To organize one's plans and energies in such a way to begin an orderly career; to feel able to make a living.
7. Acquiring a set of values and an ethical system as a guide to behavior	To develop a socio-politico-ethical ideology. (An ideology is a manner or content of thinking characteristic of an individual, class, or culture.)
8. Desiring and achieving socially responsible behavior	To develop a social ideology; to participate as a responsible adult in the life of the community, region, and nation; to take account of the values of society in one's personal behavior.

JOB EXPLORATION WORKSHEET

Name:

Period:

Job Title	
Job description (responsibilities and duties)	
Job qualifications (education, experience, etc.)	
Places that hire people for this job	
Working conditions, hours, salary	
Do you plan to look for a job such as this in the future? How would you feel if you had a job such as this? What would you do with money earned from this job?	

Who am I?

I AM . . .

I AM . . .

I AM . . .

I AM . . .

I AM . . .

I AM . . .

I AM . . .

I AM . . .

I AM . . .

I AM . . .

I AM . . .

I AM . . .

CHART OF BODY TERMS*

COMMON ENGLISH TERMS	MEDICAL TERM (if not listed here, name used in the text is also common medical term)	SOME SLANG TERMS
Vulva Crotch	same	Cunt Pussy Box Cut
Vagina	same	Snatch Slit
Opening of the vagina	Introitus	Treasure Furburger Bearded Clam Hole Twat
Hymen	same	Cherry Maidenhead Membrane
Pubic hair	(sometimes also pubes)	Beaver Bush
Mons	Mons pubis (mons="mountain") Mons veneris (veneris=Venus)	
Outer lips Major lips	Labia majora (singular: Labium majus)	-
Inner lips Minor lips	Labia minora (singular: Labium minus)	-
Hood	Prepuce of the clitoris	Button Clit
Glans of the clitoris Glans Clitoris	Glans clitoridis	Man in the boat
(Whole) Clitoris	Clitoris	

*Taken from the Boston Women's Health Book Collective, Our Bodies, Ourselves.

COMMON ENGLISH TERMS	MEDICAL TERM (if not listed here, name used in the text is also common medical term)	SOME SLANG TERMS
Urinary opening	Urethral orifice Urethral meatus (the urethra is the tube leading to the bladder)	Peehole
Anus	Anus is opening only; Rectum is interior part	Asshole
Fallopian tubes Oviducts	same	Tubes
Pubic symphysis	Pubis symphysis	-
Pelvic floor muscles	The major muscle involved in the levator ani, an important part of which is the pubococcygeus	-
Breasts	same	Boobs Tits Bonkers Knockers

PHYSICAL STRUCTURES WORD SCRAMBLE

G E J A C U L A T O R Y D U C T A P

E L A S I R O T I L C E D C M A B R

N B X C D G R O L S U R E T U R S O

I B I R L S T A N U S U T S T O N S

T I V N E M Y H R M N O V C O N E T

A A R D Z S A T E S T E S B R I R A

L M E C X R B E X Q M V D W C M L T

I A C O W P E R S G L A N D S A F E

A J L V V O E U Z W V G A B C I E G

E O P A N A P N P X U I F E D B D L

H R Q L M C R Q I L T N I J K A S A

J A V U L V A Y R S S A H G L L A N

L F A L L O P I A N T U B E S E V D

K A L C G M E L J I K D N F H B F C

F I G S E L C I S E V L A N I M E S

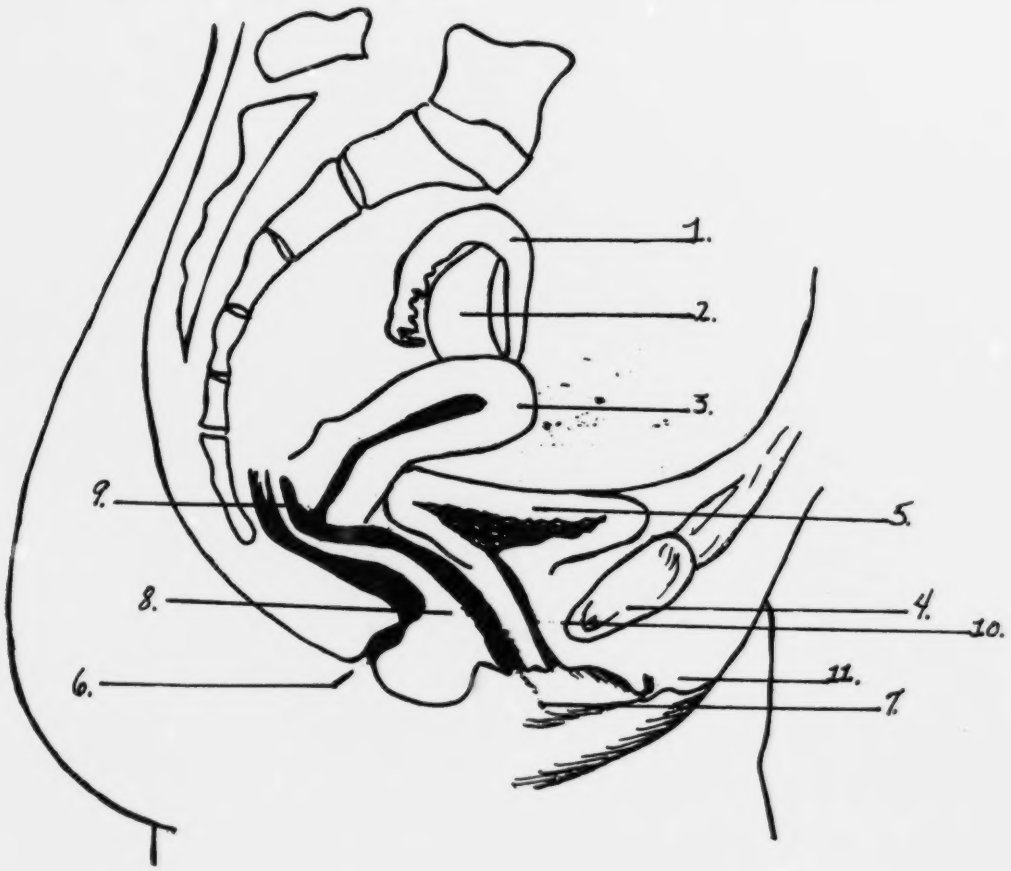
Instructions: Identify the terms on the following pages, then find and circle in the word scramble above.

PHYSICAL STRUCTURES WORD SCRAMBLE

1. _____ Cylindrical male organ composed of tissue that can become swollen with blood, causing it to become firm and erect.
2. _____ Two organs where sperm and male hormones are produced.
3. _____ The external male organ which is pouchlike and contains the testes.
4. _____ Two sets of tubes connecting the testes to the vas deferens.
5. _____ Two sperm ducts leading from the epididymis to the seminal vesicles.
6. _____ Two pouches that produce food and fluid for the sperm.
7. _____ The duct from which male semen is transported.
8. _____ The external reproductive organs of both sexes.
9. _____ Gland that produces alkaline fluid for the sperm.
10. _____ Two glands that secrete two or three drops of fluid prior to ejaculation.
11. _____ Duct that carries urine or semen from the male body.
12. _____ The opening in the body that is responsible for the removal of feces from the body.
13. _____ The outer lip that surrounds the vaginal opening.
14. _____ The inner lip that surrounds the vaginal opening.
15. _____ Small fleshy structure dense with nerve endings at the junction of the labia minora.
16. _____ A fold of mucous membrane partly closing the opening of the vagina.
17. _____ The canal that leads from the uterus to the external opening in the genital area.
18. _____ The narrow necklike end of the uterus that connects the uterus with the vagina.
19. _____ Narrow, muscular tunnels that lie between the ovaries and the uterus.
20. _____ The female organ in which eggs are produced.
21. _____ Female reproductive cell.

FEMALE STRUCTURES RELATED TO HUMAN SEXUAL FUNCTION

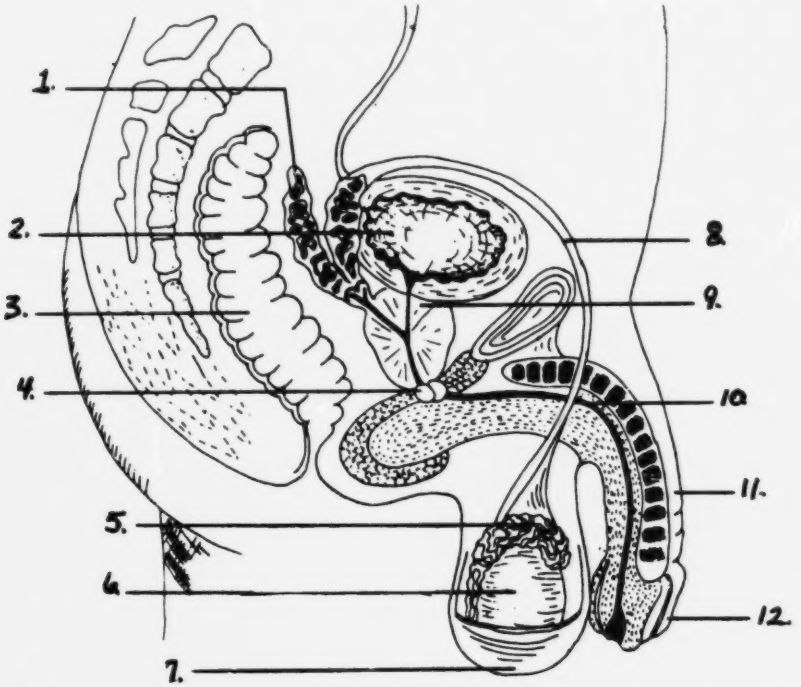
Instructions: Identify the female structures numbered on the diagram by writing the appropriate term in the blanks provided below.



1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____

MALE STRUCTURES RELATED TO HUMAN SEXUAL FUNCTION

Instructions: Identify the male structures numbered on the diagram by writing the appropriate term in the blanks provided below.



1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

AREAS OF GROWTH

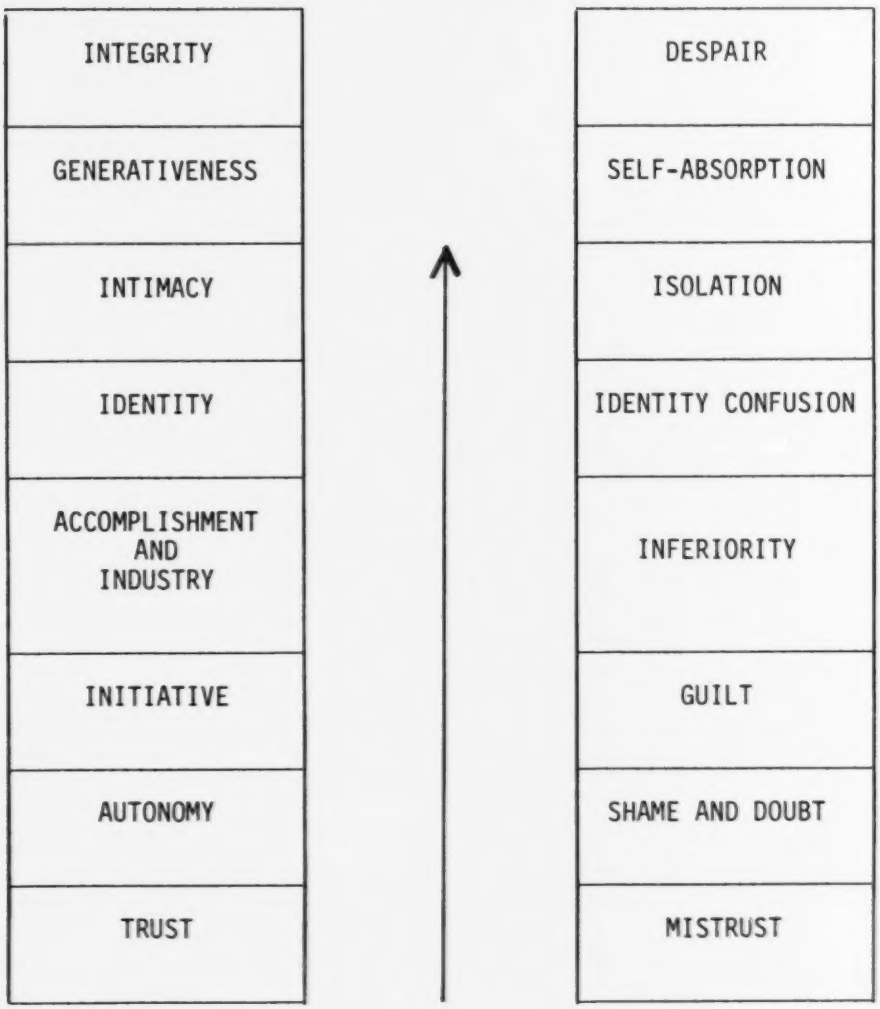
Area of Growth	Definition	Examples/Signs of Growth
CHRONOLOGICAL		
PHYSICAL		
INTELLECTUAL		
EMOTIONAL		
SOCIAL		
PHILOSOPHICAL		

PATTERN OF SOCIAL DEVELOPMENT

BIRTH

1. Form close friendships with same sex.
2. Make many acquaintances.
3. Become a participating member of a community.
4. Get along with parents, significant others, and schoolmates.
5. Become a participating member of a team, club, or group.
6. Form adult relationships with human beings.
7. Form close friendships with opposite sex.
8. React to human beings.

ERICKSON'S STAGES OF HUMAN DEVELOPMENT



APPENDIX B

MAJOR COMPETENCY: The student can explain the influence of interpersonal relationships within and outside the family on sexual attitudes and behavior during adolescence.

GAME OF SQUARES

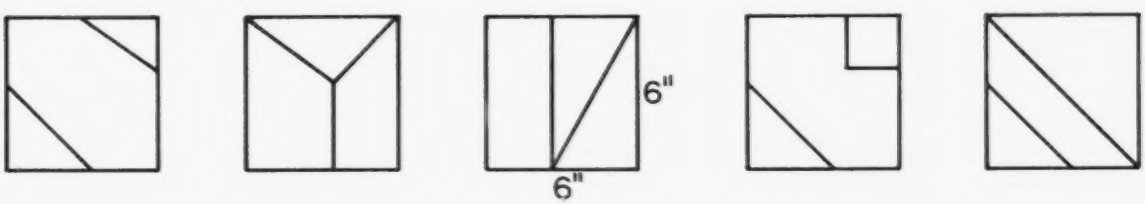
Draw five cardboard squares and divide them up as shown on the diagram below. Give each class member a piece of one of the squares. The class members are to try to find the person or persons who have the pieces that will go with their piece to form a square. Explain the following rules to the class before they begin:

1. No one may speak!
2. No one may ask for a card nor in any way signal that he/she wants one from another player! (Stress this.)
3. Members of the group may give cards to others.
4. There is only one possible correct combination that will solve the problem.
5. The game is over when a group of three students has formed a completed 6" square.

When the groups have finished, discuss the experience. Ask questions such as:

1. What did you learn from this activity?
2. How did you feel when someone held a piece and did not see the solution?
3. How did you feel when someone completed a square and then sat back without seeing whether his solution prevented others from solving the problem?
4. Was the climate in the group one that helped or hindered finding the solution to the problem?
5. Did some sit back and let others solve the problem? Did some try to solve the problem for everybody?
6. Does this game relate to the way the class works from day to day?

The correct solution is:



WHY TEENS HAVE SEX

Respond to the following statements by placing a check (✓) in the appropriate column; SA (strongly agree), A (agree), D(disagree), and SD (strongly disagree). Circle the numbers of the three items you think are the most important reasons teens have sex.

Teenagers have sex because they . . .	SA	A	D	SD
1. love each other.	—	—	—	—
2. are good friends, but not in love.	—	—	—	—
3. need to feel loved.	—	—	—	—
4. are trying to prove they are adults.	—	—	—	—
5. want to improve their relationship.	—	—	—	—
6. want to show they really love each other.	—	—	—	—
7. want to prove they are good at sex.	—	—	—	—
8. want to show they are independent from parents.	—	—	—	—
9. are going along with what others seem to be doing.	—	—	—	—
10. are involved in a committed relationship that probably won't lead to marriage.	—	—	—	—

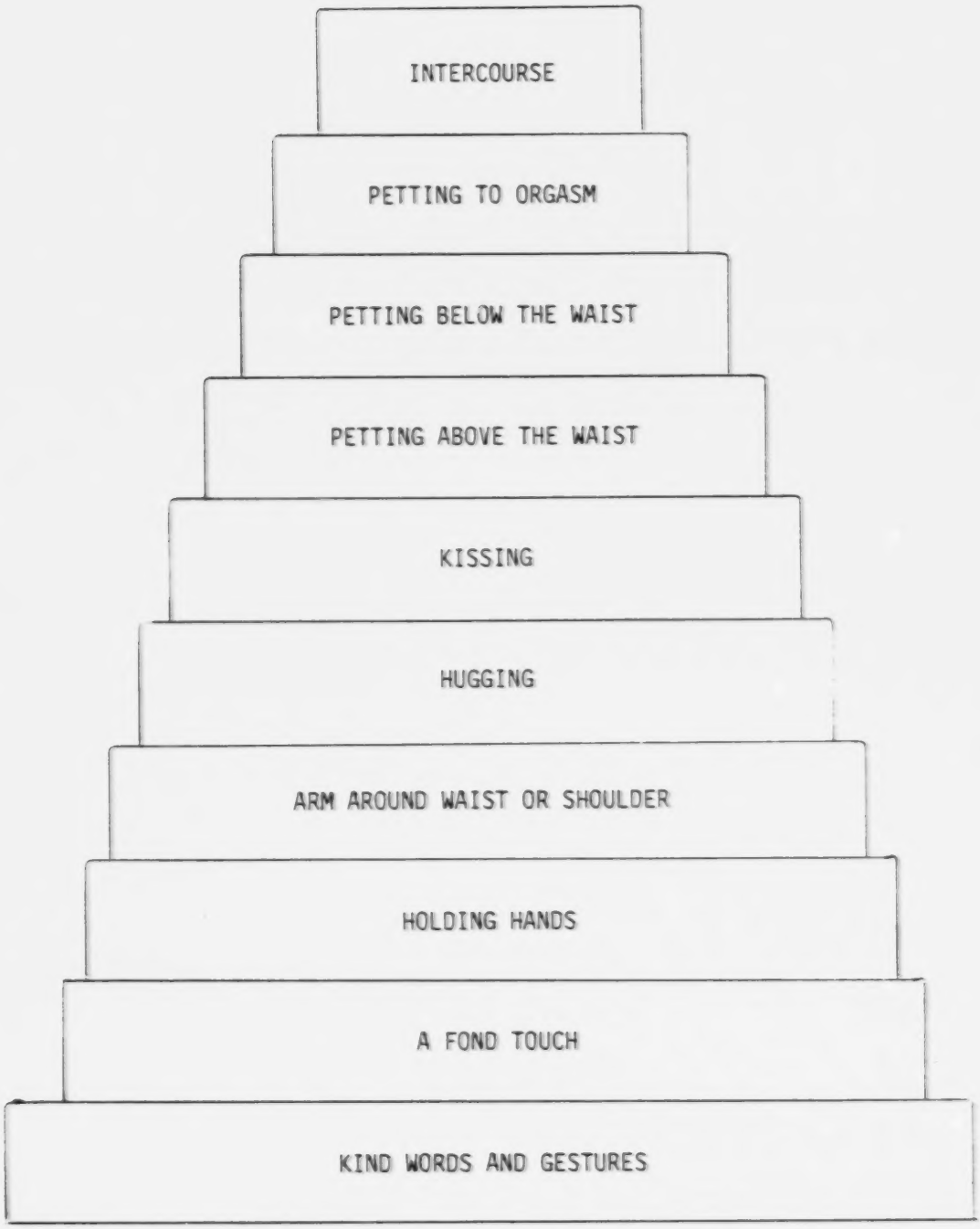
Other reasons:

DRUGS, ALCOHOL, AND SEX

	True	False
1. Alcohol can prevent a man from having an erection.	____	____
2. Taking drugs helps people be better sex partners.	____	____
3. Alcohol is a top cause of unwanted pregnancy.	____	____
4. Heavy drinking during early pregnancy will not damage the baby.	____	____
5. Drugs can be used to "turn a person on" sexually.	____	____
6. Alcohol reduces your inhibitions and judgment about sexual activity.	____	____
7. Marijuana may produce the illusion of prolonged sexual climax.	____	____
8. Heavy marijuana smokers have a higher incidence of impotence.	____	____
9. A pregnant woman addicted to cocaine will not pass the addiction on to her unborn child.	____	____
10. Continued use of amphetamines will not diminish sexual capacity.	____	____

Key: True - Items 1, 3, 6, 7, 8.
False - Items 2, 4, 5, 9, 10.

PHYSICAL SEXUAL BEHAVIOR LEVELS



WHAT'S RIGHT FOR TEENS

Rate each sexual behavior in terms of its acceptability for teenagers. Use the following scale:

1 ... unacceptable

2 ... does not matter

3 ... acceptable

_____ 1. Two young men with their arms around each other.

_____ 2. Intercourse without love.

_____ 3. Petting to orgasm.

_____ 4. Oral-genital sex.

_____ 5. Masturbation.

_____ 6. Intercourse with love.

_____ 7. Petting above the waist.

_____ 8. Intercourse with more than one partner.

_____ 9. Two young women holding hands.

_____ 10. Petting below the waist.

I AM

Place an "X" at the point on the line to show how much of the characteristic you possess.

STRONG	_____	WEAK
SEXY	_____	UNSEXY
UNATTRACTIVE	_____	ATTRACTIVE
CONTENTED	_____	FRUSTRATED
DEPENDENT	_____	INDEPENDENT
CONFIDENT	_____	UNSURE
UNLOVED	_____	LOVED
ASSERTIVE	_____	SUBMISSIVE
LOSER	_____	WINNER
INTERESTING	_____	BORING
CAPABLE	_____	INCAPABLE
CAUTIOUS	_____	RECKLESS
SOCIABLE	_____	SOLITARY
CHANGEABLE	_____	STABLE
UNIMPORTANT	_____	IMPORTANT

SEXUALLY TRANSMITTED DISEASES

DISEASE	CAUSE	SYMPTOMS	TRANSMISSION	TREATMENT
GENITAL HERPES				
VENEREAL WARTS				
TRICHOMO-NIASIS				
MONILIASIS				
NONSPECIFIC VAGINITIS				
CRABS				

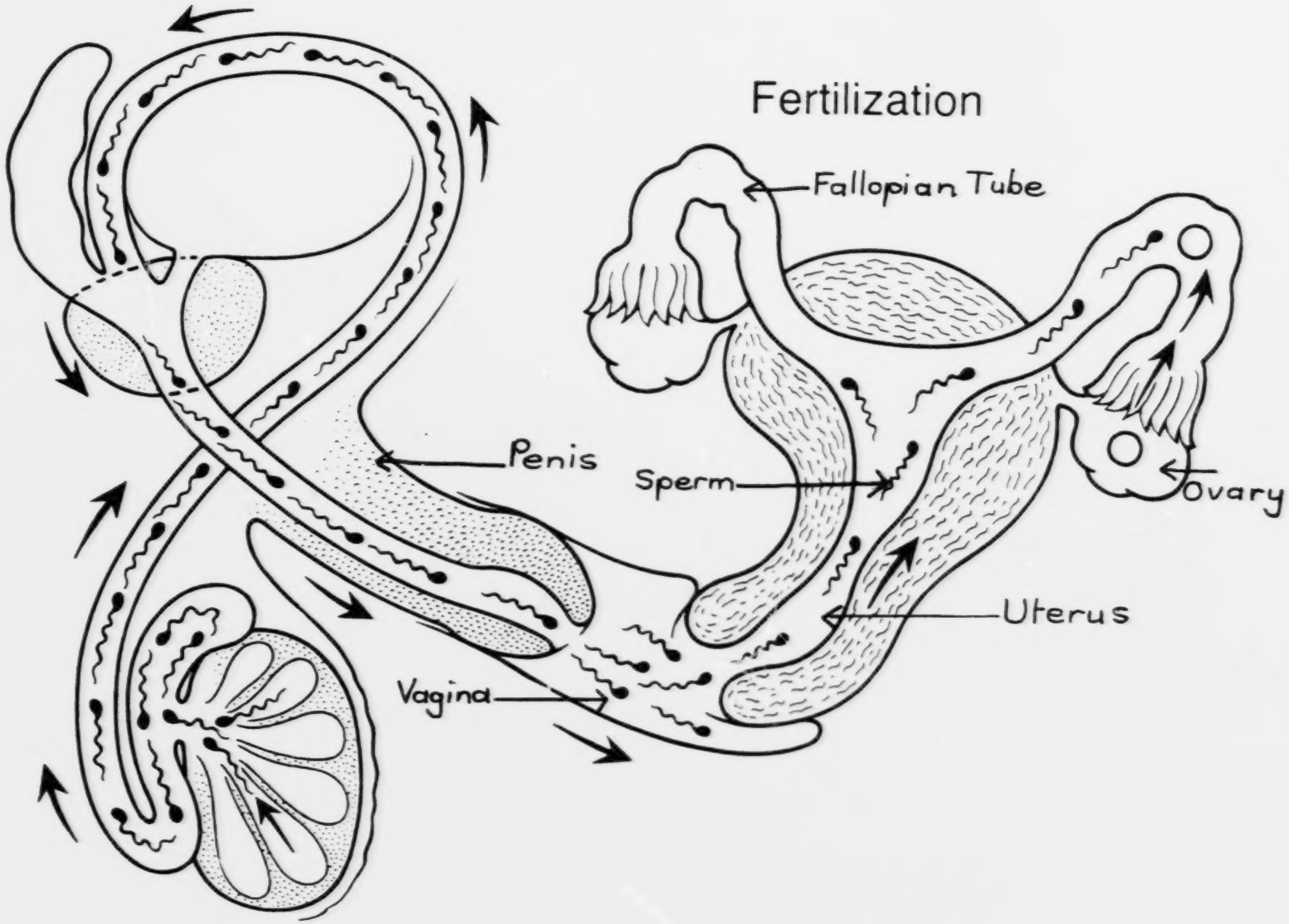
APPENDIX C

MAJOR COMPETENCY: The student can describe the stages of pregnancy and the decisions to be addressed in each.

SEXUAL AROUSAL IN WOMEN AND MEN

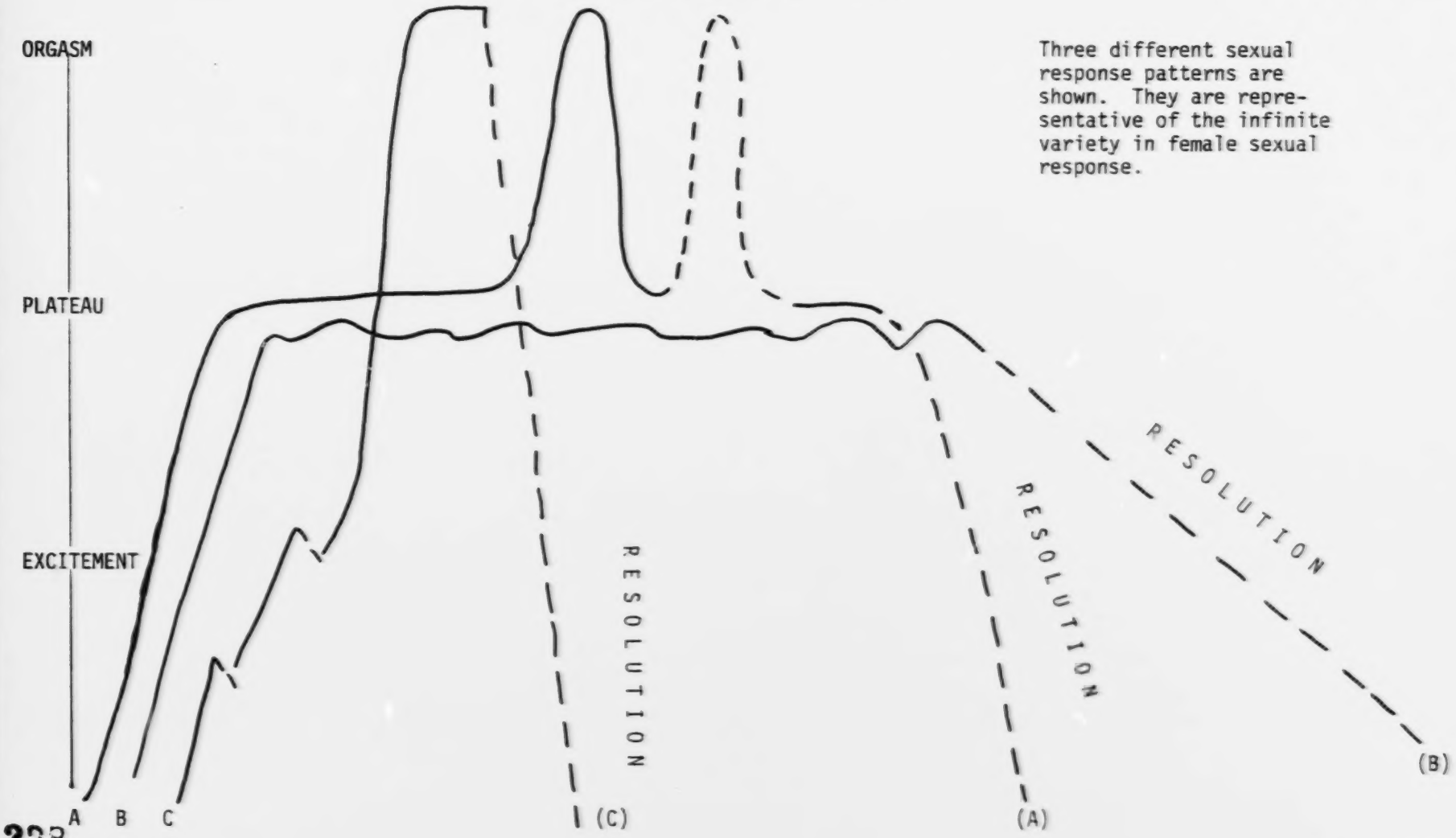
Listed below are the changes that occur in the body due to sexual arousal (excitement). Make sure you can pronounce, describe and locate the body structures underlined. What are the similarities in body changes between men and women?

WOMEN	MEN
---Nipples in breast become erect.	---Some men experience nipple erection.
---Swelling of breasts.	---Beginnings of muscle tension.
---Veins in breast become more noticeable.	
---Skin can become flushed.	---Some men's skin becomes flushed in measlelike spots.
---Tension develops in muscles.	
---Blood pressure increases.	---Blood pressure increases.
---Heart rate increases.	---Heart rate increases.
---Clitoris enlarges.	---Penis becomes erect, but may subside and be regained many times.
---Lubrication of vagina.	
---Rapid, irregular contractions of the uterus, followed by enlargement.	---Smooth muscle contraction brings scrotum toward the body, but may relax to original position several times.
---Labia majora flatten out in women who have not born children, and swell in women who have born children.	---Testes become elevated in scrotum, but may relax to original position several times.
---Labia minora begin to enlarge.	



Source: Burt, J. J., & Meekes, L. B. Education for Sexuality. Philadelphia: W.B. Saunders, 1975.

THE SEXUAL RESPONSE CYCLE - FEMALE



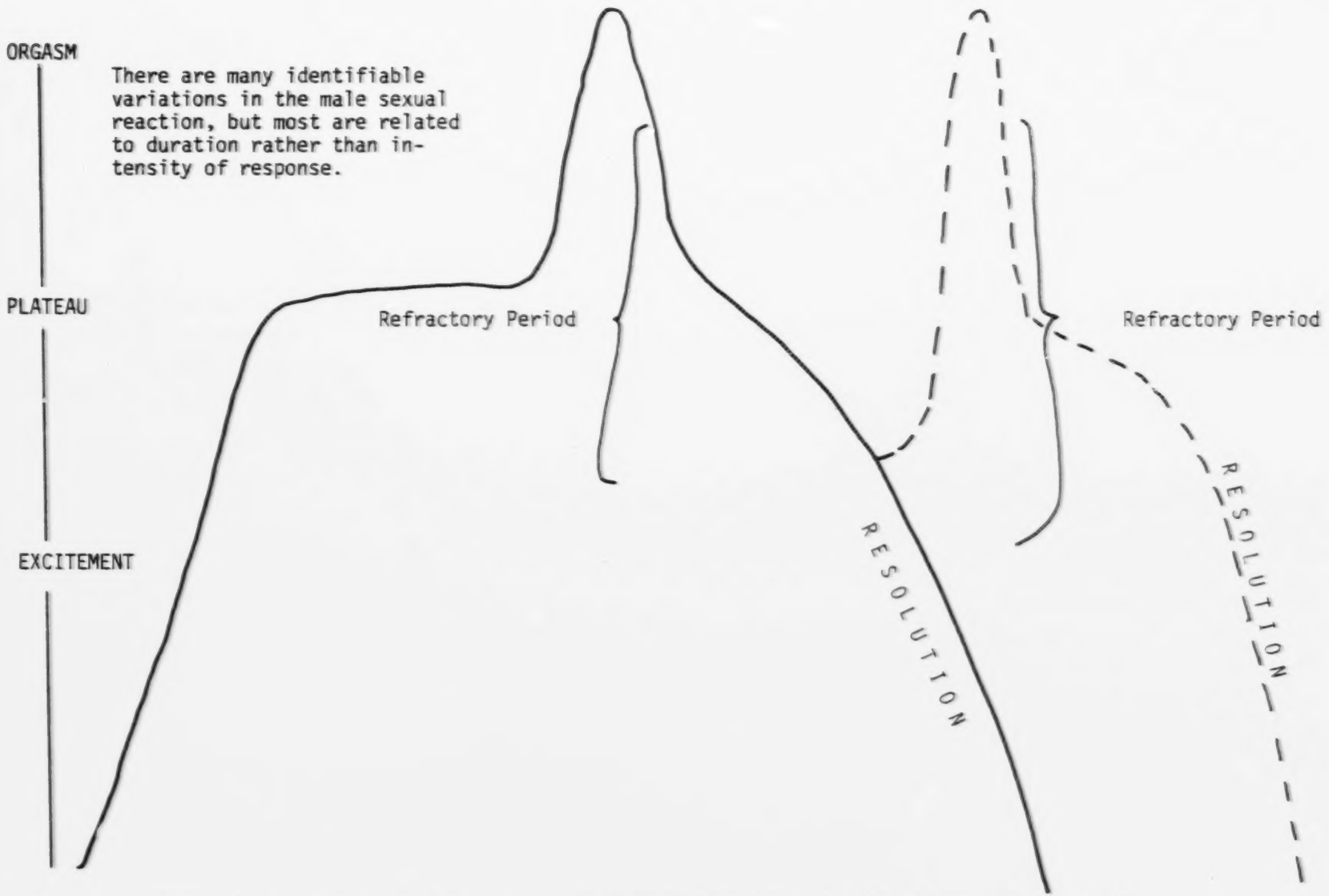
Three different sexual response patterns are shown. They are representative of the infinite variety in female sexual response.

C-3a

223

Source: Masters, W. H., and V. E. Johnson. Human Sexual Response. Little, Brown and Co., 1966.

THE SEXUAL RESPONSE CYCLE - MALE



Source: Masters, W. H., and V. E. Johnson. Human Sexual Response. Little, Brown and Co., 1966.

CONCEPTION

Test your knowledge of terminology related to conception by matching the terms listed on the left with the definitions listed on the right. Indicate your response by writing the definitional letter code in the space provided alongside each term.

_____ 1. ovary	a) male organ of copulation and urination
_____ 2. cervix	b) release of semen
_____ 3. conception	c) birth canal and organ for sexual intercourse
_____ 4. sperm	d) passage linking ovaries to uterus
_____ 5. vagina	e) a thick, slippery fluid secreted by mucous membranes
_____ 6. ejaculate	f) hollow, pear-shaped organ
_____ 7. ovum	g) reproductive cell capable of fertilizing the female egg
_____ 8. Fallopian tubes	h) fluid released at male orgasm
_____ 9. semen	i) intercourse between a male and a female
_____ 10. penis	j) the moment of fertilization
_____ 11. coitus	k) opening of the uterus
_____ 12. uterus	l) female reproductive cell
	m) the producing of offspring
	n) the female reproductive gland

A WOMAN CANNOT GET PREGNANT IF . . .

Test your knowledge of conception and birth control. Indicate your answer to each of the following statements by circling your choice of response.

T = True F = False ? = Depends

A woman cannot get pregnant if:

T F ? ---it's her first experience with intercourse

T F ? ---she swallows seminal fluid

T F ? ---she has just had an abortion

T F ? ---her partner's penis is covered in food wrap

T F ? ---she is between menstrual periods

T F ? ---she has just had her period

T F ? ---she is just about to have her period

T F ? ---she has her period

T F ? ---she is breast-feeding her baby

T F ? ---she always uses a diaphragm and cream or jelly

T F ? ---she douches with 7-Up

T F ? ---she and her partner have sex standing up

T F ? ---she has had an IUD fitted by a doctor

T F ? ---she is on the pill

DO-IT-YOURSELF PREGNANCY TESTS

1. A number of different brands of over-the-counter, do-it-yourself pregnancy test kits are available for use at home. The extensive advertising campaigns for these products push ideas like:

   ---in the privacy of your home
   ---in just a few hours
   ---without waiting for a doctor's appointment.

2. The FDA has not directly approved these products. They are on the market because they predated the 1976 Medical Device Amendments of the Food, Drug, and Cosmetic Act.

3. A pregnant woman's urine contains a special hormone called HCG (human chorionic gonadotropin). The do-it-yourself pregnancy test detects the presence of HCG in the urine. When a sample of urine is mixed with rabbit anti-HCG serum, the HCG in the urine will combine with the antiserum and form a bond. The antigen (sheep cells coated with HCG) is then added to this solution. If the HCG has bonded with the antiserum, the antigen can find no free cells with which to form a bond, so the antigen (sheep red blood cells) settles in the solution and forms a ring on the bottom of the container. This ring indicates a positive test result, or pregnancy. If there is no HCG present in the urine, the antiserum will not find HCG with which to bond. When the antigen is added, it will form clumps in the solution creating a smooth, milky fluid with no ring, indicating no pregnancy (negative test result).

4. Consumers should keep in mind the following points with respect to the reliability of these products in giving accurate results.

   a) The accuracy claims (95-98%) of the manufacturers are based on tests conducted 15 or more days after a missed period.

   b) The instructions accompanying these kits are very specific. The test procedure itself is very simple but the results can easily be inadvertently misinterpreted or botched.

      (1) The instructions about the materials to be used, room temperature, a vibration-free area, and timing of the test should be followed precisely.

(2) The slightest amount of detergent or dirt in the container used to hold the urine may give an inconclusive and possibly false result.

(3) The slightest vibration can change a reading. Examples: someone walking swiftly past the container or placing the container near a refrigerator.

(4) A woman should inspect her urine before beginning the test. Normal urine should be clear, free from particles, and be a "strawlike" color. If the urine does not meet this description, the test results may be inaccurate. More important, lumpy, cloudy, or blood-speckled urine may indicate medical problems requiring a doctor's attention.

(5) Women who have had a recent difficult pregnancy may receive a false positive. This reading may be indicative of something abnormal, but not pregnancy. One such abnormal condition might be the beginning of uterine cancer (one of the fastest spreading). The woman may happily assume she is pregnant, and perhaps wait several months before seeing her doctor. Meanwhile, the uterine cancer may develop beyond the early, easily treatable stages.

5. Conclusion Do-it-yourself pregnancy test kits can give an accurate diagnosis. They may be useful to some women for initial checks on their condition when pregnancy is suspected. To be confident of the accuracy of the test, it is advisable to try it a couple of times and then have a laboratory test to confirm the results. The kits are not cheap, so a woman may prefer to have a laboratory test in the first place, especially since free, confidential services are available in many communities. In all circumstances, a positive reading with a do-it-yourself pregnancy test kit should be followed by an immediate visit to a doctor or clinic. A woman should also see a doctor if symptoms of pregnancy continue after a negative reading.

Source:

Maio, Jacqueline. "Pregnancy Test Kits: No Sure Thing but Sometimes Helpful". (DHEW Pub. No. FDA 79-4017.) Washington, D.C.: U.S. Department of HEW, 1979.

PRENATAL DEVELOPMENT

Stage	Size and Weight	Important Developments
Ovum 1st 2 weeks		
Embryo 2 mths.		
Fetus 3 mths.		
4 mths.		
5 mths.		
6 mths.		
7 mths.		
8 mths.		
9 mths.		

ABORTION LAW

A brief statement of federal and Iowa law related to induced abortion is presented here. Readers should refer to the resources cited for complete information. No attempt has been made to summarize the changing federal law on the use of public funds to enable eligible women to have induced abortions; newspapers are a source for this information.

1. United States Supreme Court

   Source. United States Reports. Vol. 410, October term, 1972.
   Doe et al. v Bolton, Attorney General of Georgia, et al.
   Decided January 22, 1973. Pp. 179-223.
   Roe et al. v Wade, District Attorney of Dallas County.
   Decided January 22, 1973. Pp. 113-78.

   The court legalized abortion performed by doctors up through 24 weeks of pregnancy (with minor regulation by the states after 24 weeks of pregnancy).

2. Iowa Code

   2.1 Vol. 1, 1979, p. 763.
   Liability of persons and institutions qualified to perform induced abortions.

   The law protects the right of individuals who may lawfully perform, assist or participate in abortions to choose not to do so. Such individuals cannot be discriminated against in employment, promotion, or transfer. (146.1)

   A hospital, which is not controlled, maintained and supported by a public authority, shall not be required to permit the performance of an abortion. (146.2)

   2.2 Vol. 3, 1979, p. 3249.
   Feticide
   Any person who intentionally terminates a human pregnancy after the end of the second trimester where the death of the fetus results, commits feticide (a class "C" felony). This does not apply to the termination of a human pregnancy performed by a physician licensed in Iowa to practice medicine and surgery when, in the best clinical judgment of the physician, the termination is performed to preserve the life or health of the pregnant person or of the fetus, and every reasonable medical effort not "inconsistent" with preserving the life of the pregnant person is made to preserve the life of a viable fetus. (707.7)

A person who intentionally terminates a human pregnancy without the voluntary knowledge and consent of the pregnant person is guilty of a class "C" felony, except when performed by a licensed physician in situations where circumstances preclude the pregnant woman from being consulted. (707.8)

A person who by force or intimidation procures the consent of the pregnant person to a termination of pregnancy is guilty of a class "C" felony. (707.8, #3)

A person who intentionally kills a viable fetus aborted alive is guilty of a class "B" felony. (707.9)

A person who performs or induces a termination of a human pregnancy, and who willfully fails to exercise that degree of professional skill, care and diligence available to preserve the life and health of a viable fetus, is guilty of a serious misdemeanor. (707.10)

WHAT IS MY POSITION ON INDUCED ABORTION?

This handout is for your private study. It presents some teenage girls' attitudes toward induced abortion as reported in this book:

Konopka, Gisela. Young Girls. A Portrait of Adolescence. New Jersey: Prentice-Hall, 1976. Pp. 40-41.

Read these girls' opinions, and ask yourself, "What is my position on induced abortion?"

Against

I think abortion is wrong. You are killing a new life that is starting up. And you should think before you kill the baby because you wouldn't want to be killed if you were going to be born.

I think if they get pregnant, they should go ahead and have their baby and maybe give it away. I think abortion is all wrong because there are a lot of people who would like to have that baby.

And I would never have an abortion because I feel the baby is part of me. And I think having kids is just the greatest miracle in the world. So I'm against it.

I think abortion is terrible. Because it's killing, you aren't even giving the kid a chance. I think if you are going to fool around, you should get on the pill or something . . . .

For

If it happens (pregnancy) and you think you have a man who loves you and will stay by you, keep it. But if you really think he is not--you still have a whole life ahead of you. Get an abortion.

I believe strongly that every woman, you know--it just seems so obvious to me that I can't imagine why people freak out over the thought of abortion. Of course, it should be the woman's decision. If she doesn't want to bear it, she shouldn't have to. And having somebody else control that choice just seems absolutely absurd to me; and people just freak out, and come at you with all this, "You're a murderer, murderer, you're killing." And they just, you

know, just go practically berserk when the subject is mentioned. Now, if I didn't see people doing that around me it wouldn't even dawn on me that people would react like that. I really believe strongly in birth control, use a method of contraception other than abortion; I'll agree with anyone on that!

Okay for others, but not for me

I could never have an abortion myself, but I believe in it for other people at a very early stage. A lot of things I can really relate to other people but not to myself, I could never handle that.

I accept the abortion and the birth controls because of the fact that sex really is the "in" thing and to other girls, it is a necessity, because sex is a very important part of life. And so, if the girl is really young, and she really don't want that child, and she knows that she can't take care of her child and stuff like that, then I can see where she could--but I would never do it.

But if somebody else wants to do it, I wouldn't cut 'em down for it, because I'd figure that it's their and God's decision not mine. And I'm not to judge anybody, and nobody's to judge me. I don't think that if I was in the situation of being pregnant now, I don't think I could do that. But if another girl wants to do that, it's her own business because it's her own body. So I think it's up to the person. I myself wouldn't do it.

It's up to the individual to decide

I feel like it's . . . I would hate to take a child's life but if it's going to be better for the child, I'd do it. I just feel like whatever is best that you think. If you think you can afford to give your life to this child, work day and night and starve yourself, you know, like clothes and social activities and all that, go ahead, if you really want it. But if you really don't, if you really got something against it . . . I mean even if it's just the slightest doubt, don't keep it.

I have a sister that got pregnant when she was 17, and I can see right now, you know, she's really had to sacrifice.

Against, except when rape was involved

I think abortions for the sake of having an abortion, getting pregnant, having another abortion is wrong. I think if someone does that, they don't deserve to have children. But abortions for the sake of saving a life, the mother's life or maybe . . . a lot of times you hear about rape and the mother just doesn't want the child, I think abortion is right then.

Abortion depends on the situation. If a girl just goes out and gets pregnant, I mean, if she has intercourse with a guy, it was just as much her fault, then I could really say abortion--forget it. But in a case of rape, of something unwillingly, I would consider an abortion, because then it's not . . . it's not really her fault.

There are many other positions on induced abortion. What is yours? In situations where the pregnant woman is unmarried, should her male partner have the right to be informed of the pregnancy, and to give his permission before an abortion is performed?

You may want to consider the following sources of information to help you formulate your position.

1. Your personal values about human life
2. Parents
3. Local church or synagogue
4. Federal and Iowa law
5. Newspapers and other media
6. Public library
7. American Civil Liberties Union
8. Birthright
9. National Council of Churches, Commission on Marriage and the Family
10. United States Catholic Conference Family Life Bureau
11. Synagogue Council of America, Committee on Family
12. National Organization of Women
13. Planned Parenthood
14. Right to Life
15. Y.W.C.A. - Y.M.C.A.
16. The Sex Information and Education Council of the United States (SIECUS)

A PREGNANT WOMAN'S FIRST PRENATAL MEDICAL EXAMINATION
WHAT TO EXPECT

1. The recording of a medical history

   She will need to provide the doctor with the following information:

   ---past illnesses and surgery
   ---medical and/or emotional problems
   ---immunization
   ---whether she is taking medication and drugs
   ---allergies
   ---family diseases
   ---details of previous pregnancies
   ---whether she smokes and drinks alcohol
   ---symptoms of this pregnancy
   ---age
   ---use of contraceptives
   ---work history
   ---date of her last menstrual period
   ---age of the male partner by whom she conceived, and his family health history.

2. Physical examination

   The doctor will examine the woman's heart, lungs, thyroid, breasts, abdomen, pelvis, cervix, height, weight, blood pressure, and height and condition of the uterus.

3. Laboratory tests

   Blood tests for:

   ---blood type
   ---Rh factor
   ---Rh antibodies
   ---red and white blood count
   ---syphylis
   ---rubella antibodies

   Urine tests for sugar and protein levels
   Pap test for cervical cancer
   Gonorrhea test
   Tests for specific inheritable diseases

The information from these sources helps medical personnel to plan and carry out an appropriate prenatal care program for the woman concerned. After taking the medical history and doing the physical examination, the doctor will estimate the date of delivery by using the date of the beginning of the woman's last menstrual period.

PREGNANCY AND LIFE-STYLE CHANGE FOR PARENTS

Pregnancy brings major adjustments and changes in the life-style of the expectant parent(s). Think for a minute about the changes that would occur if a baby was added to your family. Now complete the worksheet by listing some specific adjustments and changes in life-style that fit into each of the categories presented. The list can apply to families generally, but try to visualize yourself in the role of an expectant parent.

Area of Adjustment or Change in Life-style	Some Specific Adjustment or Changes That Would Likely Be Made
Self (and Partner)	
Relationships with Friends	
Relationships with Family Members	

Area of Adjustment or Change in Life-style	Some Specific Adjustment or Changes That Would Likely Be Made
Money Management	
Personal Time Management	
Personal Energy (Body) Management	
Planning for the Child's Physical Needs	
Sharing Parental Role Responsibility	
Organization of Child Care While Parent(s) Work Outside the Home	

GETTING READY FOR THE ARRIVAL OF BABY

Situation: A couple is awaiting the arrival of their first child in six months. They both lead busy lives with their respective careers, sports participation, and community activities. To this point in their relationship, the woman has accepted primary responsibility for homemaking. Her partner was an only child whose mother is a full-time homemaker.

1. What role shifts will this family need to make for things to continue to run smoothly? Write your ideas in the appropriate column.

	Roles to adopt	Roles to give up	Roles to alter	Role to maintain alone*	Roles to share*
Role shifts for man to make					
Role shifts for woman to make					

*Role shifts identified here may also have been listed in the first 3 columns.

Adapted from: Harriman, Lynda. "Appraising Role Shifts." Illinois Teacher. Vol. XVIII(5), May/June 1975. Pp. 288-94. Editor gives permission to use page 290.

2. Refer to the list of role shifts you listed in the above table. Think about each as a possible stress-producing situation. Use the next table to list those role shifts you gave in Table 1 which may trigger one or more of the identified stress-producing situations.

	Family disagreement	Attitude resistence by either person	Role conflict for either or both persons	Change in physical or mental activity*	Role incompatibility*
Roles to adopt which may lead to:					
Roles to give up which may lead to:					
Roles to alter which may lead to:					
Roles to share which may lead to:					

*Definitions:
role conflict - personal or interpersonal conflict from combining roles that differ from those traditionally held.
role incompatibility - frustration experiences from trying to meet demands of nonharmonious roles at the same time.

AMERICAN CHILDBIRTH OPTIONS

There are a variety of hospital and nonhospital childbirth options for expectant parents to consider, subject to availability in particular communities.

Childbirth options in America	Check those childbirth options available in your area	Under each subheading below list possible related factors expectant parents may need to consider before making a decision
1. Hospital Delivery		1. Area Doctor's Preference and Hospital Policy
a. ward	_____	
b. private room	_____	
c. semiprivate room	_____	
d. family suite	_____	
2. Nonhospital Delivery		2. Health Risk to Mother
3. Anesthetic		3. Health Risk to Baby
a. none	_____	
b. mild	_____	
c. general	_____	

Childbirth options in America	Check those childbirth options available in your area	Under each subheading below list possible related factors expectant parents may need to consider before making a decision
4. Father, Family Member, or Friend		4. Level of Education Concerning Childbirth
a. present	_____	
b. absent	_____	
5. Doctor		5. Values and Attitudes about Childbirth Experience and Parenting
a. present	_____	
b. absent	_____	
6. Lights		6. Mental-Emotional State Concerning the Forthcoming Childbirth Experience
a. low	_____	
b. bright	_____	
7. Music		7. Place of Residence in Relation to Doctor and Hospital
a. present	_____	
b. absent	_____	

Childbirth options in America	Check those childbirth options available in your area	Under each subheading below list possible related factors expectant parents may need to consider before making a decision
8. Warm Bath or Warm Surface		8. Cost - $
a. yes	_____	
b. no	_____	
9. Position		
a. lying on back	_____	
b. lying on side	_____	
c. squatting	_____	
10. Breathing Exercises		
a. yes	_____	
b. no	_____	
11. Other Options		

	Time Taken	What's Happening		
		Baby	Woman	Male Partner, Family Member, of Friend
FIRST STAGE OF CHILDBIRTH	16 or less hours if a first baby. About 8 hours otherwise.	In the uterus. Several hours may go by before baby begins its journey. The cervix dilates from its normal size of 0.3 cm to approximately 10 cm so that baby's head can enter into and through the 10-30 cm long vagina. Each contraction of the woman pushes the baby downward. When the cervix is completely dilated, the first stage of labor is over.	Signs of the onset of labor are: a) Powerful muscle contractions (called labor pains) may start, usually every 15-20 min, and lasting about 30 seconds. b) Release of a mucus from the cervix. c) Breaking of the omniotic membrane (like a very thin sheet; baby was wrapped in this membrane) which causes a flow of clear watery fluid from the vagina. Labor contractions increase steadily in frequency, intensity, and duration. Toward the end of this period contractions occur every 3-4 min, and last a minute or more.	(This column offers some ways the foregoing individuals might participate in childbirth.) Time contractions. Keep pregnant woman comfortable. Keep self rested too. Check things to take to hospital. At hospital, admit pregnant woman and rejoin her as soon as possible. In labor room, prop up bed to desired angle. Make pregnant woman as comfortable as possible. Make sure she remains relaxed and gains maximum rest between contractions. Remind her to empty bladder about once an hour. Encourage her--you're doing great! If she has trouble continuing to breathe (as instructed) at the peaks of contractions, breathe with her so that she can follow you; or use hand signals

	Time Taken	What's Happening		
		Baby	Woman	Male Partner, Family Member, or Friend
FIRST(cont.)				to guide her rhythm. Rub her back. Do not leave her during the latter phase of this stage.
SECOND STAGE OF CHILDBIRTH	2 hours for a first born child. 1 hour otherwise.	This stage ends when baby is born. The baby's head is pushing downward so that the perineal tissue between the vagina and the rectum must be greatly stretched. The baby's head emerges from the vagina, and the doctor holds it with both hands. The doctor gently guides the baby downward. As the head reaches the outside world, the doctor removes any blood, amniotic fluid, or water that has collected in the baby's nose or mouth. The change in temperature	To prevent tearing of the perineal tissue, the doctor often cuts this tissue (procedure is called an episiotomy) to allow for easier passage of baby's head. The woman helps the baby's journey by contracting her abdominal muscles to create more pressure.	Coach the pregnant woman's breathing. Have her relax between contractions. Encourage her by supporting her physically and verbally. Tell her when contraction is over. Share in welcoming the baby.

	Time Taken	What's Happening		
		Baby	Woman	Male Partner, Family Member, or Friend
SECOND (cont.)		and atmospheric pressure is usually sufficient to cause the baby to start breathing. The baby no longer needs the placenta or umbilical cord. The cord is clamped and cut; this leaves a scar called the belly button or navel. A weak silver nitrate solution or special penicillin ointment is put into the baby's eyes in case of eye infection.		
THIRD STAGE OF CHILDBIRTH	Approximately 15 min.		Muscular contractions shrink the uterus. The placenta detaches itself from the uterus wall and is expelled from the vagina. If episiotomy was necessary, the doctor repairs the simple cut with stitches that eventually dissolve. The cut heals quickly.	Continue to offer loving support to the woman.

QUIZ

1. In one sentence each, describe the three stages of childbirth. (You may look back at the notes.)

2. See if you can define each of these terms related to the three stages of childbirth. (Don't look back at the notes. Use your own words.)

   uterus

   cervix

   dilation

   vagina

   labor

   muscular contractions

   mucous plug

   amniotic membrane

   perineal tissue

   rectum

   episiotomy

   abdomen

   placenta

   umbilical cord

   navel

A PREGNANT WOMAN"S GUIDE TO PAIN RELIEF FOR LABOR AND DELIVERY

by Louisa Rose

Until fairly recently, women had very little to say about pain relief for labor and delivery. Most of our grandmothers, as a matter of course, had their babies without any medication, and our mothers were put to sleep just as routinely. But today there exist a wide variety of pain-relief options, from the art of Lamaze to a shot of Demerol to the newly popular epidural block. So now we are faced with the question: which technique?

First, you must realize that there is no one perfect method for every woman. Your friend may experience relatively little discomfort with Lamaze, while you find you need additional relief. In order to select the method that will be best for you, it is essential to consult your physician. Without reliable information, many women panic and make irrational decisions, warns Gideon Panter, M.D., an obstetrician at New York Hospital-Cornell Medical Center. So plan a thorough discussion about the options with your obstetrician well in advance of your due date.

Ultimate decisions about pain medication, however, are always made during labor, and one of the central concerns is the possible deleterious effect of such medication on the fetus. Obstetricians report that as a result, some women who require drugs during labor and delivery end up feeling guilty and fearful that they may have harmed their babies. But Gertie F. Marx, M.D., an expert on obstetric anethesia, insists that these feelings are unwarranted. "It's ridiculous to have guilt feelings about accepting pain relief," says Dr. Marx, who is also director of obstetric anethesia at Albert Einstein College of Medicine in New York City. "Even some Lamaze teachers have asked me for pain relief." Dr. Marx points out, too, that there is an increasing body of evidence supporting the use of pain-relieving methods or techniques. Studies show that factors such as overbreathing, elevated blood pressure, and the production of epinephrine and nor-epinephrine (chemicals produced by the body under stress) in the mother may be harmful to the fetus. Pain medication can control these reactions. In addition, women with certain medical problems, such as hypertension, heart disease, or anemia, may require medication in order to prevent cardiac stress.

When you discuss pain-relief options with your obstetrician, remember that the way to reach a sound decision is to weigh the risk versus the benefit. For example, if a woman needs an emergency cesarean section, she will be given general anesthesia, because the safety of the fetus outweighs the very small risk to her. But if she is proceeding with a normal delivery, that risk is not justified. Apply this concept as you read the following guide to pain-relief methods, and use the information to formulate the questions you will want to ask your doctor.

Lamaze

This is the most widely available of the prepared childbirth methods. Approximately two months before delivery, mothers- and fathers-to-be attend a weekly class on pregnancy, labor, and delivery. The women learn special breathing and relaxation techniques, and their partners learn how to assist them. Lamaze offers several advantages for the prospective parents: Fears due to ignorance about childbirth are allayed; the father gets an opportunity to participate; and the woman maintains control of her body during labor and delivery. Furthermore, the decision to take a Lamaze class in no way precludes the use of pain medication. In fact, many obstetricians now recommend that their patients take a prepared childbirth class whatever their final decision about pain medication will be.

Demerol (meperidine)

"Demerol is probably the most common form of obstetric analgesia," says Nigel Sharrock, M.D., assistant adjunct anesthesiologist at Lenox Hill Hospital in New York City. He estimates that close to 80 percent of women delivering at Lenox Hill receive at least one shot. Demerol is used to take the edge off the pain of labor contractions while leaving the woman awake, and it is administered by injection, usually in combination with a tranquilizer. However, if too much of the drug is given too close to delivery, it may affect the infant's breathing at birth. Nowadays, to avoid this problem, the doses are small and carefully spaced, and it is injected early during labor, while the mother's liver is still removing the drugs from the fetal blood supply. Dr. Sharrock points out that if the newborn infant shows signs of respiratory depression due to the Demerol, this problem can be reversed with Narcan (naloxone hydrochloride), another drug that is administered by injection. Demerol, carefully used, is considered a safe pain-relieving medication.

Local Anesthesia

Local anesthesia blocks pain in a specific area. For example, almost every woman who has an episiotomy (a small incision made at the entrance of the vagina so the baby's head can emerge without tearing the vaginal tissues) gets a shot of Novocain (procaine) or a similar anesthetic before the obstetrician makes the cut. There are two basic methods for using a local anesthetic--paracervical block and pudendal block. With the first, the drug is injected through the vagina into the cervix to relieve the pain of cervical dilation (the first stage of labor). While the paracervical block is very effective in eliminating this pain, it has a disadvantage: Because short-acting drugs are preferred and may require repeated injections and because it is administered close to the fetal-placental unit, it might result in an accidental seepage of the drug into the fetal blood supply. The pudendal block is used for relief of the pain of distention of the perinium (second stage of labor). This method, however, may cause women to lose the urge to bear down and push the fetus out.

Spinal Anesthesia

Spinal anesthesia, administered by an anesthesiologist, is the injection of a local anesthetic into the spinal canal; it is sometimes called "saddleblock" because it anesthetizes the area that would be in contact with a saddle if you went riding. This method is fast acting and very effective in relieving pain, and may be used in cases where an abnormal fetal heart rate indicates that a forceps delivery should be performed as quickly as possible. Like the local, however, it can stifle the woman's impulse to bear down. Another disadvantage of the spinal block is that a small percentage of women develop severe and persistent headaches due to the loss of spinal fluid. Doctors, however, now have a safe and effective antidote: Some of the patient's own blood is injected into the puncture site to close it up. This procedure is called a "blood patch" and it is performed while the woman is still a patient in the hospital.

Since one of the problems associated with the spinal block is a possible drop in the mother's blood pressure, Dr. Marx recommends that women using this method labor on their side. This prevents the weight of the uterus from bearing down on the blood vessels that supply the placenta.

Epidural Anesthesia

Like a spinal, an epidural block is administered by injection into the back, but unlike a spinal, the medication is injected into the space surrounding the membranes covering the spinal cord (the epidural or extra dural space). When administered by a specially trained anesthesiologist, the epidural block offers so many advantages that both Drs. Marx and Sharrock refer to it as "the Rolls-Royce of obstetric anesthesia."

After the punctured site has been numbed by a shot of local anesthetic, a large needle is advanced through the ligaments of the back; then a thin plastic catheter is inserted through it and left in place, but the needle is removed. The catheter remains in place throughout labor and delivery, allowing small doses of medication to pass through as needed. It can also be used to provide pain relief if an emergency cesarean section becomes necessary. Moreover, because an epidural block usually leaves the motor nerves unaffected, it does not inhibit the woman's capacity to push during delivery. Pain relief begins about fifteen minutes after insertion.

There are two forms of epidural block: The caudal block, which is injected at the low end of the spine and affects the area between the navel and the toes; and the lumbar block, which is generally preferred because it affects a smaller area and requires a lower dosage. If you think you would like to have an epidural block, find out well in advance if there is an anesthesiologist skilled in this technique at the hospital where you expect to deliver. Again, Dr. Marx recommends laboring on your side for this method.

One disadvantage of an epidural block is that it sometimes causes a drop in blood pressure in the mother, which could dangerously affect the oxygen supply to the fetus. However, fetal monitoring provides a safeguard for this situation. Most hospitals now routinely place a monitoring belt over the laboring woman's abdomen, whether or not she is receiving medication. The belt contains recording devices that transmit a continuous record on graph paper of the fetal heart rate during labor and delivery. Thus, doses of any pain relief medication can be carefully evaluated and spaced to avoid an adverse effect on the fetus.

This method can also cause a severe and persistent headache if the covering of the spinal cord is accidently punctured by the needle; if this should occur, a blood patch would be performed.

Nitrous Oxide

Better known as laughing gas, nitrous oxide is mainly used to relieve pain while the mother is actively pushing during delivery. It is inhaled from a mask and is always combined with oxygen. This gas permits the mother to remain awake and the baby to be born alert.

General Anesthesia

A variety of general anesthetic drugs can be administered quickly in the event of an emergency cesarean section, in which case the woman would be put completely to sleep. These pose little risk to the baby because they are introduced so close to delivery. However, general anesthesia is not recommended for a normal delivery because it is a leading cause of maternal mortality.

The ultimate goal of pain medication during labor is the delivery of the healthiest possible infant, with minimal discomfort and risk to the mother. Many factors can affect how difficult a particular labor will be; preparing in advance and getting reliable information are the best courses for both mother and child.

This article was written by Louisa Rose and was first published in Glamour. Vol. 78(4), April 1980. Pp. 152, 154, 157. Permission to reprint granted by author.

BIBLIOGRAPHY

Alcohol and Your Unborn Baby. (DHEW Pub. No. ADM 78-521). Washington, DC: U.S. Department of HEW, 1978.

Am I Pregnant? White Plains, NY: National Foundation--March of Dimes, 1978.

Annis, L. F. The Child before Birth. Ithaca, NY: Cornell University Press, 1978.

Be Good to Your Baby before It is Born. White Plains, NY: National Foundation--March of Dimes, 1977.

Birth Atlas. New York: Maternity Center Association, 1977.

Birth Control Lesson Plan. Des Moines, IA: Planned Parenthood of Iowa, 1979.

Blum, J. Wifey. New York: Putnam, 1978.

Brisbane, H. The Developing Child. Peoria, IL: Charles A. Bennett Co., 1980.

Brody, J. E., & Engquist, R. Women and Smoking. New York: The Public Affairs Committee, 1978.

Characteristics of Male and Female Sexual Responses, SIECUS Study Guide No. 4. New York: Human Sciences Press, 1976.

Clapp, M. J. Turn Back the Clock--Discovering What Makes Me Tick--. Illinois Teacher, Vol. XXI, No. 4, 1978, pp. 181-83.

Clearing the Air. A Guide to Quitting Smoking. (DHEW Pub. No. NIH 79-1647). Washington, DC: U.S. Department of HEW, 1979.

Comfort, A., & Comfort, J. The Facts of Love. New York: Crown Publishers, 1979.

Concentrating on Communication. Forecast, September 1977, p. 109.

Conception and Fetal Development. Washington, DC: AHEA HELPs.

Concerns of Parents about Sex Education, SIECUS Study Guide No. 13. New York: Human Sciences Press, 1977.

Contraception: Comparing the Choices. (DHEW Pub. No. FDA 78-3069.) Washington, DC: U.S. Department of HEW, 1978.

Days of Change. White Plains, NY: National Foundation--March of Dimes, 1978.

Demarest, R., & Sciarra, J. Conception, Birth and Contraception. New York: McGraw-Hill, 1969.

Developing Interpersonal Resources. Tips and Topics in Home Economics, March 1976, p. 6.

Dolloff, P., & Resnick, M. Patterns of Life: Human Growth and Development. Columbus, OH: Merrill Publishing Co., 1972.

Draper, M., & Draper, H. Caring for Children. Peoria, IL: Charles A. Bennett Co., 1975.

* Draper, T., Ganong, M., & Goodell, V. (Eds.). See How They Grow. New York: Butterick Publishing, 1980.

Drugs, Alcohol, and Tobacco Abuse During Pregnancy. White Plains, NY: National Foundation--March of Dimes, 1978.

Eat Wisely - For You and Your Baby. White Plains, NY: National Foundation--March of Dimes, 1978.

Explain Communication Skills. Forecast, September 1977, p. 110.

Facts about Methods of Contraception. Des Moines, IA: Planned Parenthood of Iowa, 1979.

Facts on Testicular Cancer. New York: American Cancer Society, 1978.

Fast Facts about Sickle Cell Anemia. White Plains, NY: National Foundation--March of Dimes, 1977.

Food for Thought and Eating. White Plains, NY: National Foundation--March of Dimes, 1978.

Gerl, G., & Lane, G. Two Called Together: A Marriage Workbook. Chicago: Loyola University Press, 1978.

* Ginott, H. G. Between Parent and Teenager. New York: Avon Books, 1971.

Gordon, S. Facts about Sex. Fayetteville, NY: Ed-U Press, 1979.

Gordon, S. You Would If You Loved Me. Des Plaines, IL: Bantam Books, 1978.

Gordon, S., & Conant, R. Protect Yourself from Becoming an Unwanted Parent. Fayetteville, NY: Ed-U Press, 1979.

Gordon, S., & Conant, R. V.D. Claptrap. Fayetteville, NY: Ed-U Press, 1979.

---

* Recommended for students.

Gordon, S., & Dickman, J. R. Sex Education: The Parent's Role. New York: The Public Affairs Committee, 1979.

Growing Up. New York: Planned Parenthood Federation of America, 1973.

Harms, R. Exploratory Self Tests. Illinois Teacher, Vol. XVII, November/December 1973, pp. 76-82.

Harriman, L. Appraising Role Shifts. Illinois Teacher, May/June 1975, pp. 388-92.

Havighurst, R. J. Developmental Tasks and Education. New York: David McKay Co., 1976.

Homosexuality, SIECUS Study Guide No. 2. New York: Human Sciences Press, 1976.

How to Examine Your Breasts. New York: American Cancer Society, 1975.

How to Make a Decision. Co-ed, April 1980, pp. 28g-28j.

Hymes, J. L. How to Tell Your Child about Sex. New York: The Public Affairs Committee, 1979.

Irwin, T. The Rights of Teenagers as Patients. New York: The Public Affairs Committee, 1972.

Junk Food Blues. White Plains, NY: National Foundation--March of Dimes, 1978.

Justice, K. W. Human Development Bingo. Forecast, December 1979, pp. 30-31.

Kaplan, H. S. Making Sense of Sex. The New Facts of Love and Sex for Young People. New York: Simon and Schuster, 1979.

Kelly, G. F. Learning about Sex. Woodbury, NY: Barron's Educational Series, 1977.

Kintzing, J. M. How Genes--Yours and His--Can Affect Your Baby. Mademoiselle, February 1980, pp. 68, 72, 78.

Konopka, G. Young Girls: A Portrait of Adolescence. Englewood Cliffs, NJ: Prentice-Hall, 1976.

Koschnick, K. (ed.). Having a Baby. Syracuse, NY: New Readers Press, 1975.

Lamberg, L. Genetic Diseases and Birth Defects: What Every Family Needs to Know. Better Homes and Gardens, March 1980, pp. 66-72.

Landis, J. T., & Landis, M. G. Personal Adjustment, Marriage, and Family Living. Englewood Cliffs, NJ: Prentice-Hall, 1970.

Maio, J. Pregnancy Test Kits: No Sure Thing but Sometimes Helpful. (DHEW Pub. No. FDA 79-4017). Washington, DC: U.S. Department of HEW, 1979.

Masters, W. H., & Johnson, V. E. Human Sexual Response. Boston: Little, Brown and Co., 1966.

Masturbation, SIECUS Study Guide No. 3. New York: Human Sciences Press, 1976.

o McCary, J. L. McCary's Human Sexuality. New York: D. Van Nostrand Co., 1978.

* McCoy, K., & Wibbelsman, C. The Teenage Body Book. New York: Wallaby Pocket Books, 1978.

Michlewitz, H. Birth Control. Wellesley, MA: Arandel Publishing Co., 1979.

Morrison, E. S., & Price, M. U. Values in Sexuality. New York: Hart Publishing Co., 1974.

Morrison, M. When the Baby's Life Is So Much Your Own. (DHEW Pub. No. FDA 79-1057). Washington, DC: U.S. Department of HEW, 1979.

Nutrition and Unprescribed Drugs. White Plains, NY: National Foundation--March of Dimes, 1978.

Paolucci, B., Faiola, T., & Thompson, P. Personal Perspectives. New York: McGraw-Hill, 1978.

Parfitt, R. R. The Birth Primer. New York: The New American Library, 1980.

Perrin, M., & Smith, T. E. Ideas and Learning Activities for Family Life and Sex Education. Dubuque, IA: William C. Brown Co., 1972.

Prenatal Care. (DHEW Pub. No. 400 CD 73-7). Washington, DC: U.S. Department of HEW.

Preventing Birth Defects Caused by Rubella. White Plains, NY: National Foundation--March of Dimes, 1979.

Promoting Sex Equity in the Classroom. Des Moines, IA: Iowa Department of Public Instruction, 1979.

Purkey, W. W. Self-Concept and School Achievement. Englewood Cliffs, NJ: Prentice-Hall, 1970.

Raths, L. E., Harmin, M., & Simon, S. B. Values and Teaching. Columbus, OH: Charles E. Merrill Publishing Co., 1966.

---

o Recommended for teachers.
* Recommended for students.

* Riker, A. P., & Riker, C. Finding My Way. Peoria, IL: Charles A. Bennett Co., 1979.

Riker, A. P., & Riker, C. Me: Understanding Myself and Others. Peoria, IL: Charles A. Bennett Co., 1977.

Read, D. Healthy Sexuality. New York: Macmillan Publishing Co., 1979.

* Ryder, V. Contemporary Living. South Holland, IL: The Goodheart-Willcox Co., 1979.

Salk, L. Preparing for Parenthood. New York: David McKay Co., 1974.

Saltman, J. V.D. - Epidemic among Teenagers. New York: The Public Affairs Committee, 1974.

Sasse, C. Annotated Bibliography on Birth Control. Illinois Teacher, September/October 1973, pp. 58-62.

o Sasse, C. Person to Person. Peoria, IL: Charles A. Bennett Co., 1978.

Scheflen, A. E. Body Language and Social Order. Englewood Cliffs, NJ: Prentice-Hall, 1972.

Schultz, J., Ralston, P., Rougvie, B., & Kelly, M. The Decision to Parent: A Teaching Guide. Ames, IA: Iowa State University Press, 1980.

Self Testicle Exam. Mason City, IA: Iowa Division - American Cancer Society, 1979.

Sex and Sexuality. Current Health 2 and Current Lifestudies, March 1979, pp. 1-4.

Sexually Shared Infections. New York: Planned Parenthood Federation of America, 1979.

Sexual Myths. Current Health 2 and Current Lifestudies, November 1979, pp. 1-4.

Sickle Cell Anemia. White Plains, NY: National Foundation--March of Dimes, 1979.

Simon, S. B., Howe, L. W., & Kirschenbaum, H. Values Clarification. New York: Hart Publishing Co., 1972.

Simon, S. B., & Kirschenbaum, H. Readings in Values Clarification. Minneapolis: Winston Press, 1973.

---

o Recommended for teachers.
* Recommended for students.

Smith, C. J. The Management of Stress. Illinois Teacher, Vol. XXI, No. 1, 1977, pp. 5-13.

Steiner, C. M. A Fairy Tale. Family Living Curriculum Guide. Des Moines, IA: Des Moines Public Schools, 1977.

Teenage Alcoholism. Forecast, February 1980, pp. 42-43.

Teensex? It's Okay to Say No Way. New York: Planned Parenthood Federation of America, 1978.

Teens with Infants. Des Moines, IA: Iowa Department of Public Instruction, 1979.

Testing Fetuses: A Check-up in the Womb. Time, March 24, 1980, p. 48.

The Boston Women's Health Book Collective. Our Bodies, Ourselves. New York: Simon and Schuster, 1976.

The Cost of Having a Baby. Co-ed, February 1980, p. 39.

Timetable for Cancer Checks. Time, March 31, 1980, p. 43.

Veneral Disease Hurts You . . . and Unborn Babies. White Plains, NY: National Foundation--March of Dimes, 1979.

Ways to Chart Your Fertility Pattern. New York: Planned Parenthood Federation of America, 1977.

Westlake, H. G. Relationships: A Study in Human Relations. Lexington, MA: Ginn and Co., 1972.

When You Drink, Your Baby Does, Too! White Plains, NY: National Foundation--March of Dimes, 1978.

Who Cares? A Handbook on Sex Education and Counseling Services for Disabled People. Washington, DC: School of Education and Human Development, George Washington University, 1979.

Zarabedian, T. Sex and Birth Control for Men. Atlanta, GA: Emory University Family Planning Program, 1975.

RESOURCES

Films:

A Baby Is Born (Perennial Education, Inc.)
A Family Talks About Sex (E. C. Brown Foundation)
Alcohol: Crises of the Unborn (March of Dimes)
Are You Ready for Sex? (Perennial Education, Inc.)
Becoming (Joseph T. Anzalone Foundation)
Born Hooked (March of Dimes)
Breast Self-Examination (New York City Dept. of Health)
Double Trouble (Self-Incorporated Series)
Early Homosexual Fears (Little Red Filmhouse)
Great Expectations (Society for Nutrition Education)
Healthy Mother, Healthy Baby (Alfred Higgins Productions)
Human Growth III (Perennial Education, Inc.)
Joshua in a Box (Stephen Bosustow Productions)
Loving Parents (Texture Films)
Menstruation, Linda's Film (Phoenix Films)
Miracle of Life (Pyramid Film Productions)
Personality: Adolescence (McGraw-Hill Films)
Pregnant Fathers (Joseph T. Anzalone Foundation)
Preparation for Breast-feeding (Educational Graphic Aids)
Self-Examination of the Testes (Eaton Laboratories)
Taking Chances (Mobius Productions)
Teenage Father (Childrens' Film Society of California)
Teen Sexuality: What's Right for You? (Perennial Education, Inc.)
Using Values Clarification (Media Five)
V.D., Why Do We Still Have It? (Perennial Education, Inc.)
V.D.: Old Bugs, New Problems (Alfred Higgins Productions)
When Life Begins (McGraw-Hill)
Your Pelvic and Breast Examination (Perennial Education, Inc.)

Filmstrips:

Management for Living	from kit: Management Principles
Understanding Sexuality	from kit: Understanding Sexuality Butterick Publishing Company P.O. Box 1945 Altoona, PA 16603
Women's Health Concerns: A Personal Look	Eyegate Media 146-01 Archer Ave. Jamacia, NY 11435
Everything But	Guidance Associates 757 Third Avenue New York, NY 10017
Becoming an Adult: Psychological Tasks of Adolescence	Human Relations Media 39 Washington Ave. Pleasantville, NY 10570
Psychological Defenses, Series A and B	
Inside My Mom	National Foundation--March of Dimes Box 2000 White Plains, NY 10602
About Love	Warren Schloat Productions: Prentice Hall Media 150 White Plains Rd. Terrytown, NY 10591
Developing Self-Respect	Sunburst Communications Room 62 41 Washington Ave. Pleasantville, NY 10570
Sexual Values: A Matter of Responsibility	
Life Before Birth	Time-Life Multimedia 100 Eisenhower Dr. P.O. Box 644 Paramus, NJ 07652

Kits:

Breast Examination Model and Cassette (available Planned Parenthood Media Center)

Human Reproduction and Development (NASCO)

Management Principles (Butterick Publishing, 1979)

Understanding Sexuality (Butterick Publishing, 1980)

Transparencies:

Conception, Prenatal Development, and Birth (3-M Company)

The Human Reproduction Systems (3-M Company)

Miscellaneous Addresses:

American Cancer Society
777 Third Ave.
New York, NY 10017

(or)

American Cancer Society
Iowa Division, Inc.
Box 980
Mason City, IA 50401

Life Cycle Center
P.O. Box 551-FT-74
Neenah, WI 54596

Maternity Center Association
48 E. 92nd Street
New York, NY 10028

Planned Parenthood
810 Seventh Street
New York, NY 10019

(or)

Planned Parenthood of Iowa
P.O. Box 4557
Des Moines, IA 50306

for AHEA HELPs

HELPs:AHEA
2010 Massachusetts Avenue
Washington, DC 20036

for DHEW materials

Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402
(or)
Consumer Information Center
Pueblo, CO 81009

for PEP pamphlets

Division of Health Education
The National Foundation--March of Dimes
1275 Mamaroneck Avenue
White Plains, NY 10605

for Public Affairs pamphlets

Public Affairs Pamphlets
381 Park Avenue South
New York, NY 10016

for SIECUS study guides

Human Sciences Press
72 Fifth Avenue
New York, NY 10011

Sexuality and the Adolescent

A TEACHING GUIDE

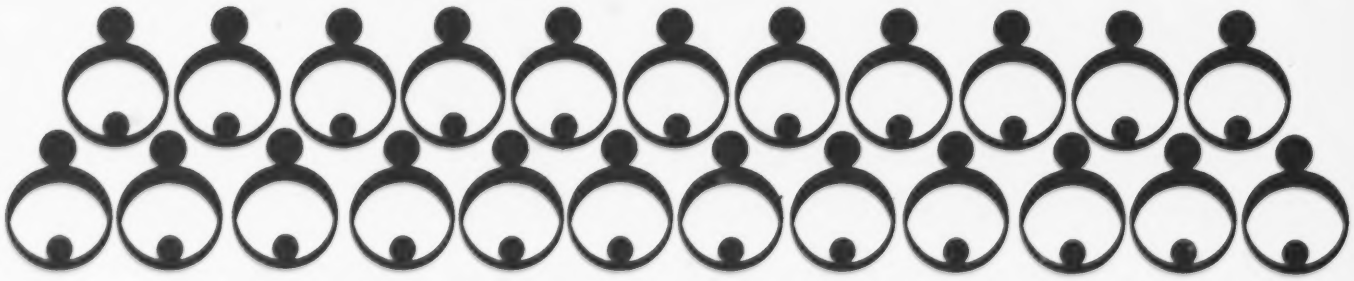
The second in a series of three modules on contemporary parenting choices, **Sexuality and the Adolescent** is designed for use by teachers, counselors, and others who work with adolescents in the area of sexuality education.

It addresses itself to three major topics: (1) the effect of adolescent growth and development on teenagers' self-concepts; (2) The influence of interpersonal relationships within and outside the home on sexual attitudes and behavior during adolescence; and (3) the stages of pregnancy and the decisions to be addressed in each.

This module reflects a wider integration of sexuality education. It addresses feelings, values, experiences, relationships, and how the individual views himself or herself as male or female. Additional topics include the traditional sex education elements such as human physiology, birth control, and so on.

It is a broad, sensitive approach to sexuality education.

Editor Jerelyn Schultz, associate professor, home economics education, Iowa State University, was assisted by Penny Ralston, Barbara Rougvie, Margaret Torrie, and Jillian Boyd.



THE DECISION TO PARENT: A TEACHING GUIDE

The first of three modules, *The Decision to Parent: A Teaching Guide* is directed to teachers and counselor of teenagers. It has a twofold purpose: (1) to make teenagers aware of the parenting choices available to them and (2) to prevent unwanted pregnancies. It implements Public Law #94-492 (1976) that requires the teaching of family living, parenting skills, and child development and guidance in the U.S. secondary schools.

Discussions cover teenage pregnancy, sex education, love and marriage, basic nutrition, current societal trends in family life, and special responsibilities of teenagers.

The Decision to Parent: A Teaching Guide was edited by Jerelyn Schultz, associate professor, home economics education, Iowa State University, assisted by Penny Ralston, Barbara Rougvie, and Margaret Jan Kelly. It was published by the Iowa State University Press in 1980.

THE IOWA STATE UNIVERSITY PRESS / AMES, IOWA 50010

ISBN 0-8138-1616-5